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The purpose of the study was to review the entire practical nursing program and to make recommendations for its long-term organization and objectives. Relevant information concerned (1) the history of practical nursing, (2) purpose, membership, and related information on four professional nursing organizations, (3) state and federal legislation affecting practical nurse education, (4) the functions of the graduates of the Fanny Allen Memorial School for Practical Nurses, (5) a brief history of the Thompson School and the Fanny Allen Memorial School for Practical Nurses, (6) an analysis of the practical nursing program and student costs, (7) state teacher requirements, and (8) a list of contractual agreements with hospitals to serve either as schools or cooperating units providing the use of clinical facilities. The Supervisor recommended (1) an intensive recruitment program, (2) scholarships and loans for students, (3) a plan for administration and organization, (4) short-term workshops for practical nursing instructors, (5) continuing curriculum study and development, (6) state and federal financing of personnel services for programs, (7) addition of other facilities to provide student experiences, and (8) eventual placement of practical nurse education into and through the public school system. The Supervisor's monthly reports and the minutes of the advisory committee meetings are included. (PS)

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A STUDY OF
THE
PRACTICAL NURSING PROGRAMS
IN
VERMONT

(Mrs.) Ruby C. Carr
State Supervisor
Health Occupations
1966

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TABLE OF CONTENTS

Page

PREFACE

I. Introduction 1

II. Overview of Practical Nursing. 3

III. Legislation and Practical Nursing. 17

IV. Contractual Agreements 26

V. Practical Nurse Graduates Pilot Function Study 33

VI. Brief History of the Thompson School for Practical Nurses. . . .43

VII. Brief History of the Fanny Allen Memorial School for Practical Nurses. 47

VIII. Analysis of Costs in Practical Nursing 62

IX. Instructor Qualifications (State Plan Revision). 64

X. Summary. 65

XI. Recommendations of the "Ad Hoc" Committee for Practical Nursing 70

XII. Recommendations. 73

XIII. Appendix 83

Characteristics of Education for Practical Nursing (NLN) 84

Statement of Functions of the Licensed Practical Nurse (ANA) . .86

Number of Licensed Practical Nurses By Counties. 89

Thompson School Class Schedules. 90

Monthly Reports. 107

Minutes of the "Ad Hoc" Nursing Advisory Committee Meetings. . 127

EXHIBITS

Page

#1 General Information on the Four Nursing Organizations. . . . 5

#2 Sample Contractual Agreement - Basic School. 27

#3 Sample Contractual Agreement - Cooperating Hospital. 29

#4 Sample Addendum to Contractual Agreement - Cooperating Hospital. 32

#5 Function List for Licensed Practical Nurses. 36

#6 Admissions & Graduations - Vermont Schools of Nursing and Schools of Practical Nursing. 60

#7 Committee to Study Nursing Needs and Resources. 67

#8 Letter from NAPNES Accrediting Committee. 69

#9 "Ad Hoc" Nursing Advisory Committee. 72

#10 Population and Map of Vermont. 80

#11 Population, Hospitals and Schools of Practical Nursing in Vermont by County - 1960 Census. 81

PREFACE

On August 12, 1965, "it was recommended that the authority be given to hire a person immediately, on a temporary basis, until August 1, 1966, to review the entire program (practical nursing) and make recommendations for its long-term organization and objectives.

"It would be the responsibility of this person to assist with the immediate problem of staffing the schools and hospitals, providing adequate and proper means of communication between them, examining the instructional programs, and drafting appropriate agreements between all parties involved.

"It would be his (or her) further responsibility to develop a new state plan for the operation of the program. Such a plan would encompass not only staffing patterns of the schools, hospitals and the Vocational Education Division. It would also encompass a plan for possible expansion of the program, including location of the basic schools and the affiliating hospitals.

"It is further recommended that he (or she) report directly to the Deputy Commissioner of Education and directly to the Board of Education until his (or her) assignment is completed and recommendations made."*

The following report is an effort to recount the events that have taken place since August 1, 1965, and to make recommendations for future plans for practical nursing in Vermont.

I wish to give special thanks to the entire supervisory and secretarial staff of the Division of Vocational Education for their loyal and continued assistance to me during this past year; to Mr. Harold Graeme, Director of the Division of Vocational Education; to Dr. Max Barrows, Deputy Commissioner of Education; to the "Ad Hoc" Committee for their contributions to this important segment of nursing practice; to the Vermont State Nurses Association, Inc.; to the Vermont Board of Nursing, to the Vermont Practical Nurse Association, Inc., to the Vermont Hospital Association for their cooperation in submitting pertinent information to me when I needed it; to the staffs of the schools of practical nursing at the Fanny Allen Memorial School for Practical Nursing, especially Mrs. Rollande Irvine, Chief; The Thompson School for Practical Nursing, especially Mrs. Gladys P. Hinds, Chief; and to the Putnam School for Practical Nurses, especially Miss Phyllis Coburn, Director; to the administrators and directors of nursing service in the cooperating hospitals; to Benjamin F. Clark, M.D., Chairman of Nursing, Vermont Medical Society, for his continued interest and support to nursing in Vermont; to Mrs. Jeannette Brown, secretary to the Department of Nursing, Vermont College, for typing the minutes of the "Ad Hoc" Committee meetings; and to Miss Diane Waters for typing this lengthy report.

Only a few persons have been mentioned, but I would like to express my appreciation to all whose assistance has helped make this report a reality.

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* Report to the Governor, Licensed Practical Nurse Program, William F. Kearns, Administrator, August 12, 1965.

I. INTRODUCTION

*In the past fifty years there have been many advances in scientific knowledge. This scientific knowledge has had a growing influence on health care and will continue to be the most powerful force in changing the style of nursing practice in the country.

The scientific advances and the increased media of communications in health care have stimulated the health expectations of individuals. An attitude of entitlement to health care is becoming increasingly prevalent in this country.

The rise of specialization has resulted in an increasing trend toward the team approach to health care, and it would seem that this trend will continue for some time to come; therefore, the place of the vocational (practical) nurse within the nursing team must be assured in order to meet the rising health care needs of the people of Vermont. As Luther Christman so succintly puts it, "For every medical problem there is a nursing problem."

President Lyndon B. Johnson, in the New York Times of May 8, 1966, was quoted as saying that:

"On July 1, more than 19 million Americans will become eligible for health services under Medicare . . . We expect a heavy drain on our limited resources for those sources.

"Additional manpower will be needed for expanded programs of maternal and child care, service to crippled and retarded children and help for mental patients.

"New health services for migratory workers and new clinics for treating heart disease, cancer and stroke will require trained staffs."**

It can be said that:

Health services comprise one of the fastest growing occupational fields in our present-day society. These occupations range from the highly professional person to the worker trained "on the job." The health industry has now become big business and presently it ranks seventh among all industries.

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* Planning for Medical Progress through Education, Lowell Coggshall, M.D., pg. 97.

** Health Occupations Education Center, The Ohio State University, Columbus, Ohio.

The following facts illustrate the above point:

1. 'National expenditures for health services increased from $12 billion in 1950 to $33 billion in 1964. This expenditure represented 5.4 % of the gross national product. The investment in hospitals alone now totals over $20 billion.

2. 'More than 2.6 million people are working in the health industry.

3. 'Productivity of a nation and a state is dependent on the health of its people.

4. 'Health findings and services seriously affect all business and industry.'*

---

* Training for Health Occupations, An Answer to Training Needs of Business, Washington Report, Chamber of Commerce of the United States, Washington, D.C., February 26, 1965.

II. OVERVIEW OF PRACTICAL NURSING

The Development of Practical Nursing

"The history of practical nursing is as old as the history of man. It has developed throughout the centuries to meet a basic human need, and its form and progress have been influenced by the philosophies, beliefs, and mores of the ages. The cultural heritage of practical nursing is rich in tradition and service to mankind. It is a history of the achievements, sacrifices, and devotion of women throughout past centuries. Practical nursing, as we know it today, is a young profession and represents a specific level of nursing but its cultural heritage is intricately linked to all nursing.

"Most early attempts to train laywomen for nursing were based upon the need to provide care for the poor in their homes. They varied in course content and length, but they were all successful and accomplished the purpose for which they were organized."*

In 1890, in Brooklyn, New York, a three (3) month course was sponsored by the Brooklyn YWCA to train laywomen to care for chronic invalids, the elderly, and children in the home.

In 1892, the Massachusetts Emergency and Hygiene Association of Boston trained attendants. The curriculum included physiology, care of children and the aged. Each student paid a fee of $3.00 for thirty (30) lessons.

In 1907, the Thompson School in Brattleboro, Vermont, opened its program for the Thompson School for Practical Nurse Attendants with one pupil (see History of Thompson School).

In 1913, the Home Nursing Aide Course was started in Detroit, Michigan, to give "home nursing care to the sick." It was patterned after the Thompson School for Practical Nurse Attendants in Brattleboro, Vermont.

In 1917, a new course, the Trade Preparatory Program, was started in Detroit in order to give care to the mildly chronically ill and the aged at home.

In 1918, the Household Nursing Association was established in Boston, Massachusetts, to provide nursing care in the home. The emphasis in this program was on household duties. There have been many changes in this program in order to meet the needs of a changing society. In 1958, the name of this school was changed to the Shepard Gill School of Practical Nursing.

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* Dorothy F. Johnston, History and Trends of Practical Nursing, C.V. Mosby Co., St. Louis, 1966, Pg. 1, 11.

The early programs for attendant nurses were centered in homes, but by 1941 the National Association for Practical Nurse Education, Inc. was established; in 1949 the Federation for Licensed Practical Nurses, Inc. was formed. These organizations helped practical nursing to move forward, and by 1961 the National League for Nursing, Inc. established the Department of Practical Nursing Programs which receives as much support as the professional programs.

The historical development of practical nursing has been presented here in order to better understand how practical nursing developed in the past, and because history helps us to anticipate the necessary changes of practical nursing practice.

One of the most recent social changes in this country and in Vermont is the introduction of social legislation through Medicare and the Medical Assistance programs which will introduce some 52,000 persons into the health care field in Vermont. This number of people certainly swells the need for more health care, and thus gives us a clue as to the need for more vocational (practical) nurses in Vermont.

GENERAL INFORMATION ON THE FOUR NURSING ORGANIZATIONS

The members of the Committee on Nursing believe that the purposes of the four nursing organizations are not always clearly understood. Therefore, each organization was requested to prepare a few brief statements about its purpose, membership and related material.

Attached hereto for your information are copies of statements forwarded by staff of the American Nurses' Association, National Federation of Licensed Practical Nurses, National League for Nursing and National Association for Practical Nurse Education and Service. For the sake of brevity a few editorial changes were made. It is important to note that the first two organizations, namely ANA and NFLPN, are the official membership organizations of practitioners, while the latter two, NLN and NAPNES, have open membership for interested lay people, educators, physicians and others.

Collated by: Department of Nursing
American Medical Association
535 North Dearborn Street
Chicago 10, Illinois

4-1-65

ORGANIZATION: AMERICAN NURSES' ASSOCIATION
10 Columbus Circle
New York 19, New York

PURPOSE

The ANA is the national professional organization for registered nurses. Its purposes are to work for high standards of nursing practice, promote the professional and educational advancement and the welfare of nurses to the end that all people may have better nursing care.

It defines functions, standards and qualifications of nursing practitioners in the various areas of practice and promotes their implementation; enunciates and implements standards of nursing education and nursing service; establishes a code of ethical conduct for practitioners; stimulates and promotes through research the enlargement of knowledge on which the profession of nursing is based; strives for sound nurse practice acts working closely with various state boards of nursing in the interpretation of nursing practice acts and facilitating the interstate licensure by endorsement; promotes legislation and speaks for nurses in regard to legislative action; promotes the economic and general welfare of nurses; speaks for nursing to allied national and international organizations, governmental bodies and the public; serves as the official representative to the International Council of Nurses (58 national nursing organizations) and promotes the health and welfare of the general public through all association programs and relationships.

HOUSE OF DELEGATES

Programs and policies are determined by the House of Delegates with its representativeselected by members of state associations. The House of Delegates meets every other year, in the even years, with the board of directors, elected by this body, serving as the governing group between sessions.

OFFICIAL PUBLICATION

The official magazine of the association is the American Journal of Nursing, published monthly.

MEMBERSHIP

The ANA has a membership of approximately 160,000 registered nurses in 54 constituent organizations including the 50 states, District of Columbia, Panama Canal Zone, Puerto Rico and the Virgin Islands. The state nurses associations in turn are composed of 836 constituent district organizations.

OTHER

The American Nurses' Foundation was created by ANA in 1955. The ANA is also one of the parent organizations of the National Student Nurses' Association, which has 69,930 members.

ORGANIZATION: NATIONAL FEDERATION OF LICENSED PRACTICAL NURSES, INC.
250 West 57th Street
New York 19, New York

PURPOSE:

The NFLPN was founded in 1949 and is the national membership organization for licensed practical nurses. Its primary function is the improvement of practical nursing through sound educational programs, the economic and general welfare of all licensed practical nurses and the health needs of the American people.

The NFLPN believes that practical nursing is an integral part of all nursing and works cooperatively with all allied health groups for improvement of patient care.

HOUSE OF DELEGATES

Each member of NFLPN participates in formulating the policies and programs of NFLPN through representation in the House of Delegates. The House of Delegates, composed of representatives elected by the members of each state association, in turn elects the NFLPN Executive Board.

Each constituent state association is entitled to three delegates. If a state has more than 300 members, it is entitled to one delegate for each additional 100 members or major fraction thereof. The number of delegates is based on the number of members on December 31 preceding the annual convention.

The NFLPN Executive Board, composed of six elected officers and ten directors transacts the business of NFLPN between conventions. The Board is assisted by standing and special committees.

The officers and directors are elected by ballot by the delegates assembled in convention.

OFFICIAL PUBLICATION

The official publication the American Journal of Practical Nursing is published bi-monthly and mailed to every member. It is available to nonmembers by subscription.

MEMBERSHIP

The NFLPN has a membership of 30,000 representing every state in the Union. The national organization assists its constituent state and local organizations of comparable structure in carrying out its objectives.

ORGANIZATION: NATIONAL LEAGUE FOR NURSING
10 Columbus Circle
New York 19, New York

PURPOSE:

The NLN was organized in 1952 as a merger of three national nursing organizations--the oldest dating back to 1893--and of four national committees, all of which were focused on the concept of community responsibility for nursing service and nursing education.

The League's program is concentrated in three major areas:

a) nursing services - improving patient care by helping community nursing agencies evaluate their services in hospitals, public health agencies, nursing homes, schools, industry, and through the continuing preparation of nursing personnel on the job.

b) nursing education - defining standards, accreditation and improvement of all types of nursing education--programs for practical nurses, diploma programs in hospital nursing schools, associate degree programs in junior and community colleges, and collegiate programs for baccalaureate and graduate students.

c) nursing recruitment - providing nursing careers information and guidance, promoting and guiding Future Nurses Clubs, and cooperating with other health careers groups.

BIENNIAL CONVENTION

Meetings of the total League membership are held biennially at which time members hear reports of officers, departments, councils, etc., and vote on policy matters. NLN officers, one half of the board of directors, departmental and other steering committees, are elected by mail ballot of members for each biennium. The remaining half is elected in the succeeding biennium.

All NLN members, individual and agency, may participate in the organization's activities, either in overall matters of the League or concerning questions in one of the five departments to which each member belongs. Participation is possible in local, state, regional or national meetings. Each member may help elect overall League governing boards as well as those who serve on steering committees of the particular department to which the member belongs.

OFFICIAL PUBLICATION

Nursing Outlook is the official publication of the National League for Nursing. The organization is also a sponsor of Nursing Research.

MEMBERSHIP

In 1964, NLN membership totaled 25,000 individuals (members of the nursing team, allied professionals and interested lay citizens) who participate through state and local leagues and more than 1,300 agencies such as schools of professional and practical nursing and public health nursing services.

ORGANIZATION: NATIONAL ASSOCIATION FOR PRACTICAL NURSE EDUCATION
AND SERVICE, INC.

535 Fifth Avenue
New York 17, New York

PURPOSE

The purpose of NAPNES is to develop and support educational programs to prepare licensed practical nurses as competent members of the health team.

NAPNES conducts an accreditation program for schools of practical nursing and provides consultation services to schools, hospitals, state practical nurse associations and other health agencies for basic and continuing education programs in practical nursing. NAPNES initiates and fosters research in curriculum, in teaching methods, and in other pertinent educational areas. NAPNES prepares and distributes careers material on practical nursing and provides publications for practical nurse educators and employers; collates information on basic and continuing practical nurse education and on practical nurse service; conducts a nationwide workshop program and summer university courses. It conducts scholarship programs for registered and licensed practical nurses. NAPNES holds an Annual Convention.

FINANCIAL SUPPORT

NAPNES is financed through membership dues, through foundations, government and corporation grants, individual contributions and through sale of publications.

HOUSE OF DELEGATES

NAPNES voting body is made up of:

1. Delegates of state licensed practical nurse associations that are constituent members of NAPNES. Such associations are entitled to one delegate for each 25 members or major fraction thereof.

2. Delegates of Group members (state licensed practical nurses associations, schools of practical nursing, hospitals, alumnae associations, etc.) Group members are entitled to two delegates.

3. Individual and Life members each entitled to one vote.

Officers are elected by the voting body.

OFFICIAL PUBLICATION

The official publication of the Association is The Journal of Practical Nursing, published monthly.

MEMBERSHIP

Membership is open to licensed practical nurses, student practical nurses, registered nurses, physicians, hospital administrators, members of allied health groups and interested laymen. Membership numbers 27,920. There are 25 state constituent organizations and 10 states affiliated with NAPNES through group membership.

Current Trends Affecting Practical Nursing

1. A.N.A. (American Nurses Association) Position Paper Highlights -

"Education for those who work in nursing should take place in institutions within the general system of education.

a. 'The minimum preparation for beginning professional nursing practice at the present time should be a baccalaureate degree education in nursing.

b. 'Minimum preparation for beginning technical nursing practice at the present time should be an associate degree education in nursing.

c. "Education for assistants in the health service occupations should be short, intensive pre-service programs in vocational education institutions rather than 'on-the-job' training programs.

"Practical nursing has become a major occupational group in a few short years. Practical nurses have made a significant contribution to the care of patients in the absence of adequate numbers of registered nurses. Practical nurses also, more often than not, are expected to carry job responsibilities beyond those for which they are educated. The job demands made on them more nearly approach those for which the registered nurse is educated . . . The American Nurses Association (A.N.A.), therefore, proposes that the nursing profession acknowledge these changes and systematically work to facilitate the replacement of programs for practical nursing with programs for beginning technical nursing practice in junior and community colleges."*

(Here is where I tend to disagree with the A.N.A. Position Paper. I agree with the proposal that the professional nurse should have a minimum of a baccalaureate degree and that the technical nurse should be educated via the associate degree route when an orderly transition can be made because poor associate degree programs in nursing are no substitute for established accredited diploma programs in nursing. As to the practical or vocational nurse, I feel that this worker should be the third level of nursing, be prepared in a sound basic program, one year in length, and be allowed to practice in the areas of nursing for which she has been prepared in her basic program.)

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* A Position Paper, American Nurses Association, 1965.

2. American Hospital Association's Statement on the A.N.A. Position Paper -

"The American Nurses' Association, demonstrating its concern about the nature of nursing at the present time and what it will become in the future, has for the first time formally stated its position relative to the educational preparation of nurse practitioners and assistants to nurses. Enunciating the educational qualifications and competence necessary for those who practice a profession is an obligation a profession owes to the public. For fulfilling this responsibility of the nursing profession, the American Nurses' Association deserves the commendation of the American Hospital Association and of others in the health field who share a concern for nursing and nursing education.

"Since society decides how it shall be served and is the ultimate judge of the wisdom and validity of the goals established by a profession, realization of the concepts set forth by the American Nurses' Association relative to nursing education depends upon acceptance of these concepts by society. Those in leadership positions in society--individuals and associations--have a responsibility by working cooperatively to assist society in seeing more clearly its needs and goals and the means by which the needs can be met and the goals achieved. As an instrument of hospitals collectively in serving society, and as an agency in the health field committed to the welfare of all the people, the American Hospital Association has an obligation to acknowledge the stated position of the American Nurses' Association and to respond to it.

"Facts support the rationale of the American Hospital Association's concern for nursing and nursing education. Society has vested in hospitals legal and moral responsibilities for the care of the sick and injured. Since nursing is an essential component of the care of patients, hospitals are perforce concerned with the quality and quantity of the nursing service available, and with the competence of those who render the service. Considering also that hospitals are an essential element in the education of nurses, that all programs in basic nursing education require hospital involvement, that 80 per cent of those graduating from basic educational programs in nursing are products of schools sponsored by hospitals, and that over 60 per cent of all nurses actively engaged in nursing are employed by hospitals and related health care institutions, the justification for concern by the American Hospital Association becomesapparent. Added to this concern are others arising from ever-increasing demands for more and better qualified personnel, from fragmentation of patient care, from relationships among professional groups, and from the public's rightful expectations of more and better hospital care, all intensifying the need for broad participation of other professional groups in determining what nursing and nursing education should be now and in the future.

"The American Nurses' Association position paper raises questions that need resolution. It understandably gives no direction on how the concepts expressed can be put into effect, since it is not possible for the American Nurses' Association or any other organization singly to institute a system of nursing education.

"Trends and developments in general education in relation to organization of educational systems; availability of educational resources; social attitudes toward education; and changing patterns in the process of education, all have affected and will continue to affect nursing education. Recognizing the impact of these influences and acknowledging the responsibility of hospitals to engage actively in the process of increasing the number and quality of licensed nursing personnel, the American Hospital Association supports all sound programs in nursing education. The Association believes that all schools of nursing should be truly educational in character and that, as such, they belong in the ranks of a general educational system. However, it is the conviction of the Association that what this system should and will be is a decision that society will make.

"The American Hospital Association vigorously and emphatically urges creative improvement and expansion of existing programs, academically and organizationally in every way possible; and further, it encourages the establishment of new programs, taking into consideration the general educational system of the community and the potential contribution of existing programs."*

3. National Federation of Licensed Practical Nurses (NFLPN) -

"NFLPN Board Opposes ANA Position Paper

"The Executive Board of the National Federation of Licensed Practical Nurses, at its February meeting, went on record as 'opposing the American Nurses' Association Position Paper on educational preparation for nurse practitioners and assistants to nurses, for failing to recognize the practical nurse training program as essential in the health services.'

"At the same time, the Executive Board stated its intention to 'maintain a variety of working relationships with national health agencies to sustain progress in the areas of practical nurse education and service in order to provide quality nursing care.'

"The Resolution emphasized that the National Federation of Licensed Practical Nurses recognizes that rapid changes are taking place in the field of nursing and in health care facilities; that the demands of the public for the upgrading of nursing education and improvement of nursing service are increasing; that practical nursing programs and inservice education for licensed practical nurses have been developed to fill a need in nursing service; and that NFLPN has an obligation to represent the interests of licensed practical nurses and practical nursing students in achieving status and recognition within the mainstream of nursing."**

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* Initial Statement on American Nurses' Association's Position Paper on Nursing Education, Approved by American Hospital Association, May 2-4, 1966.

** American Journal of Practical Nursing, Volume 2, Number 2, March, 1966.

4. National League for Nursing (NLN) -

"Votes Belief in Future of Practical Nursing

"Helen K. Powers, chief, Health Occupations, Division of Vocational and Technical Education, U.S. Office of Education, reminded the group that community planning has long been evident in the development of practical nursing programs. States and communities, she said, already have demonstrated great responsibility by overmatching Federal funds for training workers for health occupations, including practical nursing, four to one. She reported that of the $21 million tax funds spent in 1965 for this program, Federal funds accounted for only $5.6 million. Continuation of this Federal-state-local partnership in behalf of health occupations training is assured by the provisions of the Vocational Education Act of 1963, she noted.

"The group unanimously voted a statement of belief and sent it to the steering committee which accepted it for submission to the NLN board.

"The council statement declared that the practical nursing program prepares a practitioner who can fulfill the responsibilities of the licensed practical nurse as approved in the statement of functions by the American Nurses' Association and the National Federation of Licensed Practical Nurses.

"The statement continued:

'We believe that practical nursing is and will continue to remain an essential and integral part of all nursing.

'Practical nursing developed in response to community nursing needs. Practical nurse education has demonstrated a high degree of flexibility and power to adapt to the changing nursing needs of communities. We, as educators, will continue to meet the challenge of change.

'We believe that short term training programs for nursing assistants are not a substitute for the practical nursing programs and cannot alone provide quality care.

'We believe that there are a large number of individuals in society who are capable of becoming safe, understanding practical nurses but do not have the qualifications or the desire necessary for fulfilling the role of the technical or professional nurse.'

"The statement noted that the educators were speaking through the council in view of the recently published ANA position paper on nursing education."*

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* NLN News, Volume 14, Number 3, May - June, 1966.

5. American Vocational Association Responds to the ANA Position Paper -

'Whereas, the American Nurses' Association, in its Position Paper of December 1965 and other related literature, expresses the stand that the education of all those who are licensed to practice nursing should take place in institutions of higher education, and

'Whereas, the position of ANA, if implemented, would discourage the maintenance of existing schools and programs of practical nursing and the establishment of new ones, and

'Whereas, the existing and projected needs for nursing personnel at all levels are increasing, and

'Whereas, vocational education, throughout this development and growth, has continually worked with professional groups in nursing and medicine in the formation, organization and operation of these programs,

'Therefore, Be It Resolved that the American Vocational Association, through its duly elected representatives, register with the American Nurses' Association opposition to this statement of position and seek clarification and redirection of this statement of position, and

'Be It Further Resolved that the present programs of practical nursing education in the vocational programs of the several states be maintained and that expansion be encouraged.'*

6. NAPNES Statement -

"The Board of Directors of the National Association for Practical Nurse Education and Service, Inc., issued a statement reproving the American Nurses' Association for a published proposal which, if implemented, would virtually eliminate the services of almost one-third of a million licensed practical/vocational nurses now employed in the United States.

"Any plan that would reduce the nurse supply, the NAPNES' reply to the ANA explains, would 'jeopardize our nation's health' and be 'against the public interest.' NAPNES points out that 'Licensed practical nurses today are providing 75 per cent of the direct patient care (bedside nursing) to our country's ill and aged.'

"The National Association for Practical Nurse Education and Service is opposing the ANA's 'First Position on Education for Nursing' which would eliminate the one-year practical nurse training programs. Replacing them would be two-year or junior college courses to prepare 'technical nurses.'

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* American Vocational Journal, Volume 41, Number 2, February 1966.

"This unrealistic plan would create even more severe nursing shortages than now exist. With Medicare to take effect soon, larger numbers of licensed practical nurses will be needed to provide competent patient care. The ANA's two-year program would eliminate many of these skilled practitioners and seriously curtail the supply of nurses.

"The NAPNES statement pledges 'continued efforts to help meet our national health needs by supporting, improving and expanding' the vocation of practical nursing. Mrs. Rose G. Martin, president of the National Association for Practical Nurse Education and Service, Inc.,--oldest and largest of the nation's LPN organizations--said that these efforts include accrediting services to schools of practical nursing for improved quality of programs; providing workshops and institutes for all LPNs/LVNs throughout the United States; and working to interpret the expanding role of the licensed practical nurse to the public and to other health and governmental agencies."*

7. Resolution passed by the House of Delegates of the Vermont State Medical Society at its annual meeting held June 4, 1965, at the Equinox House, Manchester, Vermont -

"Re: PRACTICAL NURSES

"Mr. Page read the resolution re: Practical Nurses stating that the Council recommends its adoption.

"WHEREAS, the Licensed Practical Nurse has become well established, accepted and a very meaningful part of the health team, and

"WHEREAS, more well-trained practical nurses are needed in Vermont; now therefore be it

"RESOLVED, that the Vermont State Medical Society endorses the present training of practical nurses in Vermont; and be it further

"RESOLVED, that continuing and increased participation be encouraged in support of their training by all potential consumers of practical nursing services; and be it further

"RESOLVED, that copies of this resolution be given to all members of the Vermont General Assembly.

"Dr. Archambault moved that the resolution re: Practical Nurses be adopted. Seconded and PASSED."

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* The Journal of Practical Nursing, New York, Volume XVI, Number 3, March 1966.

"Secretary John W. Gardner (Health, Education, and Welfare) writes,'... . In helping to meet the urgent health needs of America, the licensed practical nurse has a most significant and expanding role. We shall look to practical nursing for the continued strengthening of high quality professional skills which are so vital in providing excellent health care to our people.'

"Dr. Robert C. Long, American Medical Association Trustee, spoke these words for the officers and 218,000 physicians of the Association. 'We doctors have become very much aware of licensed practical nurses and the role they play. LPNs have gained so much prominence in the family of caring for the sick that we would not. . .and could not. . .get along without them. But, it is only logical that the role of licensed practical nurses will expand and that their duties take on new and more specific aspects. If the doctor is to use new tools of learning and new methods of treatment, he must rely more upon the efficiency of licensed practical nurses.

" 'As a result, LPNs are assuming increased duties in the bedside care of the patient. And, the field of practical nursing is well up to the task.

" 'The challenge to practical nurses is to maintain their flexibility in a changing environment without losing sight of an essential part of their work. If the bedside care of the patient is in clear focus, practical nurses can face with confidence the broadening responsibilities they are expected to meet.

" 'Confronted by the ill health of others, licensed practical nurses face this way of life as a constant challenge to their growing skills. And, aware that their bedside services have become increasingly important, LPNs quickly familiarize themselves with their patients' likes and dislikes, habits and beliefs, the nature of the illness, and the overall plan for patients' medical care.

" 'They convey to the patient the idea that his care and treatment is all-important. They make him feel secure. They allay his fears.

" 'Whatever responsibilities may lie ahead--licensed practical nurses keep uppermost in mind their primary responsibility--direct patient contact and bedside care in hospital, nursing homes and the home.

" 'Their function is a noble one, whether it be in the narrow context of maintaining a constant vigil at the bedside, or in a broader sense in which it may find application.

" 'This, then, is the essence of the heritage which the practitioner of today will pass on to the generations of practical nurses of tomorrow. It is a vocation of dignity and respect. . .of growing potential. It is. . .indeed. . .a noble profession.' "*

I present the above information only to point out the thinking in regard to the role of the practical or vocational nurse in today's society. I will discuss the implications of this thinking in the summary and recommendations.

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* The Journal of Practical Nursing, "Heartwarming Words," June 1966, Pg. 29.

III. LEGISLATION AND PRACTICAL NURSING

A. Title II - Vocational Education in Practical Nurse Training of the Vocational Education Act of 1946 as amended; or Title II - George-Barden Act under the amendment made by P.L. 911 (84th Congress).

TITLE II - VOCATIONAL EDUCATION IN PRACTICAL NURSE TRAINING

Authorization of Appropriations

Sec. 201. There is hereby authorized to be appropriated for the fiscal year ending June 30, 1957, and for each of the next four fiscal years a sum not to exceed $5,000,000, for grants to States with State plans to extend and improve practical nurse training approved pursuant to section 203.

Grants to States for Extension and Improvement of Practical Nurse Training

Sec. 202. (a) From the sums appropriated for any fiscal year pursuant to section 201, each State shall be entitled to an allotment of an amount bearing the same ratio to such sums as the total of the amounts apportioned under title I and the Act of March 18, 1950 (20 U.S.C. 31-33) to such State for such year bears to the total of the amounts so apportioned to all the States for such year. The allotment to any State under the preceding sentence for a fiscal year which is less than $10,000 (or, in the case of the Virgin Islands, which is less than $5,000) shall be increased to that amount, the total of the increases thereby required being derived by proportionately reducing the allotments to each of the remaining States under the preceding sentence, but with such adjustments as may be necessary to prevent the allotment of any of such remaining States from being thereby reduced to less than that amount.

(b) The amount of any allotment to a State under subsection (a) for any fiscal year which the State certifies to the Commissioner will not be required for carrying out the State plan (if any) approved under this title, shall be available for reallotment from time to time, on such dates as the Commissioner may fix, to other States in proportion to the original allotments to such States under subsection (a) for such year. Any amount so reallotted to a State shall be deemed part of its allotment under subsection (a).

(c) From each State's allotment under this section for any fiscal year, the Commissioner shall pay such State a portion of the cost of carrying out the State Plan approved under this title. To the extent permitted by the State's allotment under subsection (a) for any fiscal year, the portion of the cost of carrying out the State plan paid under this section shall be 75 per centum of such cost in the case of the fiscal year ending June 30, 1957, and the fiscal year ending June 30, 1958, and 50 per centum of such cost in the case of each of the next three fiscal years.

State Plans

Sec. 203. (a) To be approvable under this title, a State plan to extend and improve practical nurse training shall --

(a) (1) designate the State board as the sole agency for the administration of the plan or for the supervision of administration of the plan by local educational agencies;

(2) provide that the individual supervising the functions of the State board under the plan shall be a registered professional nurse or shall have the consultative services of a registered professional nurse available to him;
(3) show the plans, policies, and methods to be followed in extending and improving practical nurse training under the State plan, and in administering and supervising the administration of the plan, and provide such accounting, budgeting, and other fiscal methods and procedures as are necessary for the proper and efficient administration of the plan;
(4) contain minimum qualifications for teachers, teacher-trainers, supervisors, and directors; and
(5) provide that the State board will make such reports, in such form and containing such information, as the Commissioner may from time to time reasonably require to carry out his functions under this title, and comply with such provisions as he may from time to time find necessary to assure the correctness and verification of such reports.

(b) The Commissioner shall approve any plan which he finds fulfills the conditions specified in subsection (a) of this section.

(c) Whenever the Commissioner, after reasonable notice and opportunity for hearing to the State agency administering or supervising the administration of the State Plan approved under this section, finds that --
(1) the State plan has been so changed that it no longer complies with a requirement of subsection (a) of this section; or
(2) in the administration of the plan there is a failure to comply substantially with such a requirement; the Commissioner shall notify such State agency that no further payments will be made to the State from its allotments under section 202 (or, in his discretion, that further payments will not be made to the State for parts of the State plan affected by such failure), until he is satisfied that there will no longer be any such failure. Until he is so satisfied the Commissioner shall make no further payments to such State from its allotments under section 202 (or shall limit payments to parts of the State plan in which there is no such failure).

(d) (1) If any State is dissatisfied with the Commissioner's action under subsection (c) of this section, such State may appeal to the United States Court of Appeals for the circuit in which the State is located. The summons and notice of appeal may be served at any place in the United States.
(2) The findings of fact by the Commissioner, unless substantially contrary to the weight of the evidence, shall be conclusive; but the court, for good cause shown, may remand the case to the Commissioner to take further evidence and the Commissioner may thereupon make new or modified findings of fact and may modify his previous action. Such new or modified findings of fact shall likewise be conclusive unless substantially contrary to the weight of the evidence.
(3) The court shall have jursidiction to affirm the action of the Commissioner or to set it aside, in whole or in part. The judgment of the court shall be subject to review by the Supreme Court of the United States upon certiorari or certification as provided in title 28, United States Code, section 1254.

Method of Making and Computing Payments

Sec. 204. The method of computing and paying amounts pursuant to section 202 shall be as follows: The Commissioner shall, prior to the beginning of each calendar quarter or other period prescribed by him, estimate the amount to be paid to each State under the provisions of such section for such period; and shall pay to the State, from the allotment available therefor, the amount so estimated by him for such period, reduced or increased, as the case may be, by any sum (not previously adjusted under this section) by which he finds that his estimate of the amount to be paid the State for any prior period under such section was greater or less than the amount which should have been paid to the State for such prior period under such section. Such payments shall be made in such installments as the Commissioner may determine.

Administration

Sec. 205. (a) In carrying out his duties under this title, the Commissioner shall --

(1) make studies, investigations, and reports with respect to matters relating to practical nurse training;
(2) cooperate with and render technical assistance to States in matters relating to practical nurse training; and
(3) disseminate information as to the studies, investigations, and reports referred to in paragraph (1) and other matters relating to practical nurse training.

(b) The Commissioner is authorized to make rules and regulations governing the administration of this title and to delegate to any officer or employee of the Office of Education such of his powers and duties, except the making of rules and regulations, as he finds necessary.

Advisory Committees

Sec. 206. (a) The Commissioner is authorized to appoint an advisory committee or committees to advise him on matters of general policy in connection with the administration of this title.

(b) Members of any such committee who are not otherwise in the employ of the United States, while attending meetings or conferences of their committee or otherwise serving at the request of the Commissioner, shall be entitled to receive compensation at a rate to be fixed by the Secretary of Health, Education, and Welfare, but not exceeding 50 per diem, including travel time, and while away from their homes or regular places of business they may be allowed travel expenses, including per diem in lieu of subsistence, as authorized by law (5 U.S.C. 73b-2) for persons in the Government service employed intermittently.

Effect on Other Laws

Sec. 207. Nothing in this title shall in any way affect the availability for practical nurse training of amounts paid the States under the Act of February 23, 1917 (39 Stat. 929) as amended and extended, or title I of this Act, as amended and extended.

Reports

Sec. 208. The Commissioner shall include in his annual report a full report of the administration of this title.

Authorization of Appropriations for Administration

Sec. 209. There are hereby authorized to be included for each fiscal year in the appropriations for the Department of Health, Education, and Welfare such sums as are necessary to administer the provisions of this title.

Definitions

Sec. 210. For purposes of this title --

(a) The term "Commissioner" means the Commissioner of Education.

(b) The term "practical nurse training" means training of less than college grade which is given in schools or classes (including field or laboratory work incidental thereto) under public supervision and control and is conducted as part of a program designed to fit individuals, engaged in or preparing to engage in employment as practical nurses, for such employment. The term includes also training of a similar nature, which is of less than college grade and is given and conducted as provided above, designed to fit individuals engaged or preparing to engage in other health occupations in hospitals or other health agencies, for such occupations. In addition, the term includes vocational guidance in connection with any such program and the in-service training of teachers, teacher-trainers, supervisors, and directors for any such program, but does not include courses which have only incidental relationship to the specialized training needed by an individual for useful employment as a practical nurse or in such other health occupations.

(c) The term "practical nurse" means a person who is trained to care for subacute, convalescent, and chronic patients under the direction of a licensed physician or under the supervision of a registered nurse, or to assist a registered nurse in the care of acute illness.

(d) The term "local educational agency" means a board of education or other legally constituted local school authority having administrative control and direction of public secondary schools in a county, township, independent, or other school district, or having such control and direction over vocational education in such schools.

(e) The term "State" includes Alaska, Hawaii, the Virgin Islands, Puerto Rico, and the District of Columbia.

(f) The term "State board" means the State board of vocational education, or the State board primarily responsible for the supervision of public elementary and secondary schools, as designated in the State Plan.

(g) The cost of administration of a State plan for practical nurse training may not include any portion of the cost of the purchase, preservation, erection or repair of any building or buildings or the purchase or rental of any land.

Effective date

Sec. 503. The amendments made by this title shall become effective July 1, 1956.

Approved August 2, 1956.

B. Title 45 - Public Welfare

Part 104 - Administration of Vocational Education: Federal Allotments to States.

VOCATIONAL EDUCATION IN HEALTH OCCUPATIONS

§ 104.77 Vocational education in health occupations.

Vocational education in health occupations under the State plan, pursuant to title II of the George-Barden Act, shall be designed for persons who are preparing to enter one of the health occupations, and for persons who are, or have been, employed in such occupations in hospitals or other health agencies. For purposes of this section, "other health agencies" means institutions or establishments other than hospitals which provide patients with medical or nursing services under the direction of a doctor or registered professional nurse.

§ 104.78 Health occupations defined.

The health occupations render supportive services to the health professions such as nursing, medical, and dental practice, all of which are concerned with providing diagnostic, therapeutic, preventive, restorative and rehabilitative services to people. As used in this program, such occupations:

(a) Include practical or vocational nursing.

(b) Include those occupations that require basic understandings and skills required in giving nursing care or other health services to people.

(c) Exclude occupations recognized as occupations in other than the health field. In applying this condition, the scope and nature of the duties rather than the title of the occupation govern.

§ 104.79 State plan provisions for vocational education in health occupations.

(a) In addition to the general State Plan requirements for administration and supervision in § 104.21, the State plan shall provide that the individual supervising the functions of the State board relating to vocational education in health occupations under Title II of the George-Barden Act shall be a registered professional nurse or shall have the consultative services of a registered professional nurse available.

(b) In addition to the general State plan requirements for instruction in § 104.13, the State plan shall describe how the following requirements for preparatory instruction are being met.

(1) Full-time instruction will be provided.

(2) Instruction in theory will be closely correlated with supervised practical experience in the clinical phases of the curriculum.

(3) All supervisory and instructional personnel having responsibility for training in the health occupations will meet the qualifications for a teacher as set forth in the State plan.

(4) A major part of the supervised practical experience required in the curriculum will be spent on activities directly related to patient needs.

§ 104.80 Allowable uses of funds

Funds available for vocational education in health occupations may be used as provided in § 104.43 and the sections referred to therein, except that

(a) Funds used for teacher education may be used only for in-service education of teachers and other professional personnel involved in vocational education for health occupations, and not for pre-service preparation of such personnel.

(b) Funds used for instruction may be used for supplementary instruction for persons who may need training or retraining in special phases of their work as it affects the clinical instruction of students undertaking health occupations training.

C. Vermont Education Laws

Chapter 82 - Practical Nursing Education

§ 2651. Purpose of chapter

The purposes of this chapter are to assist existing schools for practical nursing and to assist in the establishment of a school or schools for practical nursing under the direction of the state board of education. -- 1957, No. 273, §1.

§ 2652. Jurisdiction of board of education

The state board of education, in accordance with section 149 of this title, is hereby authorized to determine, promulgate, and apply policies and regulations consistent with the policies and regulations of the state board of nursing, to carry out the purposes of this chapter. -- 1957, No. 273, § 2; 1961, No. 184, § 3, eff. June 28, 1961.

§ 2653. Appropriations

Hereafter funds for the continuation of the program under this chapter shall be requested as a part of the operational budget of the department of education and may be included in the general appropriation act. -- 1957, No. 273, § 3; amended 1959, No. 121, § 1; 1961, No. 95, § 1.

§ 2654. Consultant services by department of health

The department of health shall furnish consultant services as required by the department of education in connection with this chapter. -- 1961, No. 95, §2.

"The intent and purpose of this legislation was (1) to assure the continuance of the Thompson School of Practical Nursing at Brattleboro due to the declaration of the Trustees of the Brattleboro Mutual Aid Association, Inc., to the effect that no further allotment of funds would be made to support the salaries of the instructional personnel; and (2) the establishment of a school of practical nursing in the northern part of the state to help further to alleviate the total nursing shortage."*

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* 1957 - Mr. Harold Graeme, Director of Division of Vocational Education, Department of Education, Montpelier, Vermont.

D. State of Vermont - Nurse Practice Act

Title 26 V.S.A., Chapter 24

An act to provide for the regulation of the practice of nursing.

(3) The practice of practical nursing means the performance for compensation of selected Acts in the care of the ill, injured or infirm under the direction of a registered professional nurse or a licensed physician or a licensed dentist; and not requiring the substantial skill, judgment and knowledge required in professional nursing.

Section 1555 - Licensed Practical Nurse

(a) Qualifications of Applicants. An applicant for a license to practice as a practical nurse shall submit to the Board written evidence, verified by oath, that the applicant:

(1) Is of good moral character;
(2) Is at least eighteen years of age;
(3) Has completed high school or its equivalent;
(4) Holds a diploma from an approved school of practical nursing.

(b) License by Examination. The applicant shall be required to pass a written examination in subjects the Board considers necessary to determine the fitness of the applicant to practice practical nursing.

Upon successfully passing the examination, the Board shall issue to the applicant a license to practice practical nursing. The license shall be in force from the date of issue thereof until the first day of the following January.

The Board shall hold at least one examination annually at such place and at such time as the Board shall determine. Notice therof shall be given by publication at least one month before the date of examination in such manner as the Board may determine.

Within sixty days from the date thereof, a person receiving a license to practice as a practical nurse shall cause it to be recorded in the Office of the Secretary of State and shall pay him twenty-five cents for recording it. After July 1, 1963, recording fee is one dollar.

An applicant shall be entitled to one re-examination and as many additional re-examinations as may be determined by the Board.

(c) License by Endorsement. The Board may issue a license to practice as a licensed practical nurse to an applicant who has been duly licensed as a practical nurse or entitled to perform similar services under a different title, under laws of another state, territory, or foreign country, if, in the opinion of the Board the applicant meets the requirements for licensed practical nurses in this State at the time of the original license.

(d) License by Waiver. Application for license under this subsection must be made within eighteen months after passage of this Chapter. The Board may issue a license to practice as a licensed practical nurse to any person who submits to the Board written evidence, verified by oath, that the applicant:

(1) Is of good moral character;
(2) Has practiced practical nursing in this State at least three years within the five-year period immediately before the effective date of this Chapter, or holds a current license originally obtained by waiver in another state and is currently practicing practical nursing in this State;
(3) Has passed an examination to be administered by the Board of Nursing wholly or in part in writing.

(e) Fee. Every applicant applying for a license to practice practical nursing shall pay a fee of not more than $25.00 to the Board. The fee for re-examination shall be determined by the Board.

(f) Title and Abbreviation. Any person who holds a license to practice practical nursing in this State may use the title "licensed practical nurse" and the abbreviation "L.P.N." No other person may assume that title or use that abbreviation or any other words, letters, signs, or devices to indicate that the person using them is a licensed practical nurse.

(g) Persons Licensed Under Previous Law. Any person holding a license to practice practical nursing issued by the Board and which is valid on the date this Chapter becomes effective, shall thereafter be considered to be licensed as a practical nurse under this Chapter.

Section 1553

(c) Duties and Powers of the Board. The Board shall hold annual meetings at which it shall elect from its professional members a president and secretary-treasurer. It may hold such other meetings during the year as may be deemed necessary to transact its business. Special meetings shall be called by the president on request of any two members. Four members of the Board, at least one of whom shall be a licensed practical nurse, shall constitute a quorum at any meeting. The Board may: . . .

(3) Prescribe for surveys of such programs at such time as it may consider necessary.

(4) Prescribe curricula and standards for educational programs preparing persons for licensure under this Chapter.

(5) Approve such nursing educational programs within the State of Vermont as meet the requirements of this Chapter and of the Board.

(6) Deny or withdraw approval from nursing educational programs for failure to meet approved curricula or other standards as established by this Chapter or by Board regulations.

IV. CONTRACTUAL AGREEMENTS

The following contractual agreements are the result of a conference with the Attorney General's office.

One Memorandum of Agreement was made by the State Board of Education for the use of facilities for the basic practical nurse program, and a second Memorandum of Agreement was made with each of the cooperating hospitals for the use of clinical facilities.

The following agreements have been completed and duly signed:

(1) The Fanny Allen Hospital and the use of its facilities for the school.
(2) The Fanny Allen Hospital in Winooski as a cooperating hospital.
(3) The Brightlook Hospital in St. Johnsbury as a cooperating hospital.
(4) The Mary Fletcher Hospital in Burlington as a cooperating hospital.
(5) The Brattleboro Mutual Aid contract has been approved and was returned on July 28.
(6) Barre City Hospital, Barre, requested a few minor changes in their contract and has been returned for our signature.
(7) Brattleboro Memorial Hospital in Brattleboro also asked for some minor changes in their contract which have been made, and I am sure this contract will be returned soon.

An Addendum to the Memorandum of Agreement for the payment of salaries of the assistant instructors in the FY 1967 has been sent to the cooperating hospitals for their approval.

This Addendum establishes an equitable policy whereby the cooperating hospitals can pay their fair share of the cost of the additional personal services for five (5) assistant instructors, two (2) classroom instructors, and two (2) clerk-stenographers.

It is the understanding of all concerned that this agreement does, in no way, "establish a precedent for any subsequent year, and that a different financing arrangment would be proposed for the future."

5/66 SAMPLE EXHIBIT #2

MEMORANDUM OF AGREEMENT
BETWEEN
THE STATE BOARD OF EDUCATION (BOARD)
AND
______________________HOSPITAL (HOSPITAL)

Witnesseth:

Whereas, it is the policy of the State of Vermont as stated in 16 VSA §2651 and 2652 to assist existing schools for practical nursing under the direction of the Board; and

Whereas, it is the mutual desire of the parties to enter into a cooperative program to provide facilities and qualified teachers to instruct individuals desiring vocational education in practical nursing.

Now, therefore,

The Board agrees to:

(1) Provide the students with classroom instruction for four (4) months in theory and practice prior to their hospital experience. Students failing in classroom theory and practice will not be promoted to the cooperating hospital assignment.

(2) Provide qualified instructors and/or assistant instructors to teach practical nursing students in the basic school program.

(3) Provide one (1) clerk-stenographer.

(4) Provide for:

- a. teaching supplies
- b. office supplies
- c. telephone services

(5) Provide the over-all supervision of the educational program for practical nursing.

Mutual Aid agrees to:

(1) Provide facilities for:

- a. classrooms for students
- b. nursing laboratory
- c. office space for instructors and one (1) clerk-stenographer.

(2) Assist with recruitment of applicants for the program.

It is mutually agreed to:

(1) Discontinuance of Agreement:

If either party wishes to withdraw from this agreement, at least six (6) months written notice shall be given by either party. The students enrolled in the basic program for practical nursing shall be given the opportunity to complete the full program.

(2) Review:

This agreement will be reviewed annually in June by both parties and any revisions will be made at that time.

IN WITNESS WHEREOF, the parties have caused this instrument to be executed this _______________ day of ____________________, 1966.

STATE BOARD OF EDUCATION

By ______________________________

_____________________HOSPITAL

By ______________________________

5/66 SAMPLE EXHIBIT #3

MEMORANDUM OF AGREEMENT
BETWEEN
STATE BOARD OF EDUCATION (BOARD)
AND
____________________HOSPITAL (HOSPITAL)

Witnesseth:

Whereas, it is the policy of the State of Vermont as stated in 16 VSA §2651 and 2652 to assist existing schools for practical nursing under the direction of the Board,

Whereas, ____________Hospital provides clinical facilities for the education of practical nurses, and

Whereas, it is the mutual desire of the parties to enter into a cooperative program to provide facilities and qualified teachers to instruct individuals desiring vocational education in practical nursing.

Now, therefore,

The Board agrees to:

(1) Provide classroom instruction for four (4) months in theory and practice prior to hospital experience. Students failing in classroom studies and practice will not be given a hospital assignment.

(2) Provide the hospital with a qualified instructor, and assistant instructor, who will provide adequate instruction and supervision of a continuous nature.

(3) Provide a list of students, at least two (2) weeks prior to their clinical experience.

(4) Provide a health history of each student in order to insure that the student is in good physical and emotional health to function within the health policies of the Cooperating Hospital.

The Hospital agrees to:

(1) Accept a class of not more than ______ (__) nor less than __ (__).

(2) Provide continuous experiences in the following services:

(2)

Services	No. Days
Medical) Surgical)	22 weeks
Obstetrics Delivery room Newborn nursery	6 weeks
Pediatrics	4 weeks
Diet Therapy	2 weeks (integrated)

(3) Rotation of student experiences can occur in any one of the three (3) areas-- Medical-Surgical, Obstetrics, or Pediatrics --if it is mutually agreeable with the instructor and the nursing staff. However, the instructor should have the liberty of changing student schedules and only when advance preparations have been made with the nursing staff.

(4) Evening or night experience shall not exceed two weeks (14 days).

(5) Students will be admitted to the services regardless of race, sex or creed, and will receive clinical experience without discrimination as to patients or use of personal facilities.

(6) Provide office space for instructors.

(7) Provide classroom and/or conference room.

(8) Personnel policies

a. Students will be on a continuous, unbroken eight (8) hour assignment with one-half ($\frac{1}{2}$) hour for meals. They may work on Saturdays, Sundays, holidays and evenings on rotation under supervision (III B).

b. Provide the students with suitable dressing rooms with locker space.

c. Students will be allowed to make up time lost through unavoidable absences (See III B).

d. Students are required to wear the accepted school uniform during their clinical experience.

(9) Provide emergency care for students in case of illness or accidents incurred while "on duty." Students are required to carry health insurance, either through their family or through individual membership, comparable to the ward rate of "Blue Cross."

(3)

The hospital will bill the students directly for the cost of out-patient and in-patient hospitalization services in excess of insurance reimbursements.

It is mutually agreed that:

(1) The cooperating hospital may request the school to withdraw any student whose work or conduct may have a detrimental effect on its patients or personnel; and/or reserve the right not to accept any person who has previously been discharged by the cooperating hospital for reasons which would make his/her acceptance as an affiliate inexpedient.

(2) If either party wishes to withdraw from this agreement, at least six (6) months written notice shall be given by either party. The students enrolled in the several services shall be given the opportunity to complete the full program offered in these services.

(3) This agreement will be reviewed annually in June by both parties and any revisions will be made at that time.

IN WITNESS WHEREOF, the parties have caused this instrument to be executed this ________________ day of ________________________, 1966.

STATE BOARD OF EDUCATION

By ________________________________

____________________HOSPITAL

By ________________________________

SAMPLE

EXHIBIT #4

ADDENDUM TO
MEMORANDUM OF AGREEMENT
BETWEEN
STATE BOARD OF EDUCATION
AND
_____________ HOSPITAL

July 1, 1966 through June 30, 1967

For one year only, Fiscal Year 1966-67, the cooperating hospital agrees to make its contribution to the Division of Vocational Education Donation Fund based on its average monthly enrollment of students divided into the number of total dollars necessary to support the new* positions assigned to the practical nursing program.

Any overpayment of charges for personal services will be refunded on an actual enrollment basis at the end of the fiscal year 1967.

	No. Pos.	Pay Scale	FY '67
*PN Instructor	2	14	$10,557
PN Assistant Instructor	5	13	24,509
PN Clerk-Steno B	2	8	7,780
Social Security			1,800
Hospital Insurance			365
Life Insurance			138
Total Personal Services			$45,149

_______________ Hospital's pro-rata share:

_________ x $45,149 = $___________

This donation is payable on a quarterly basis in advance. Due dates are:

July 1 $__________

October 1 $__________

January 1 $__________

April 1 $__________

In witness whereof, the parties have caused this instrument to be executed:

STATE BOARD OF EDUCATION

Date: ______________

By ________________________
Acting Director of Vocational Education

_____________ HOSPITAL

Date: ______________

By ________________________
Administrator

V. PRACTICAL NURSE GRADUATES PILOT FUNCTION STUDY

The role of the practical nurse determines the design of the curriculum. So, with this in mind, Mrs. Irvine, Chief of the Fanny Allen Memorial School for Practical Nurses, designed a questionnaire on the function of the licensed practical nurse. With the approval of the "Ad Hoc" Committee, a questionnaire was mailed to each of the graduates of the Fanny Allen Memorial School for Practical Nurses since its beginning in 1957 and to every third graduate of the Thompson School for Practical Nurses since 1958.

The questionnaires are still being returned, but there are a number of trends that can be seen from those already returned to us.

Thompson School for Practical Nurses --

1. Number of active practical nurses: 108
2. Number of active returned: 65
    a. Of these 65 -
        (1) 5 insufficient information,
        (2) 7 returned unclaimed,
        (3) 53 were used in the survey,
    making a total of 50.9% returned.
3. Age:
    *19-30 yrs. - 61%
    31-40 yrs. - 4%
    41-50 yrs. - 23%
    51-60 yrs. - 10%
    61+ yrs. - 2%

Sex	
M	F
0	53*

4. Employment:
    General hospital - 70%
    Nursing home - 23%
    Other - 7%
5. State of Employment:
    Vermont - 60%
    Massachusetts
    New Hampshire
    New York 40%
    Other
    No Comment
6. If employed in a general hospital, please indicate service:
    Medical) 53%
    Surgical)
    Nursing) 26%
    Homes)
    Other) 21%
7. Charge Nurse Responsibilities:
    a. With available professional nurse supervision --
        34 Yes 9 No 10 No Comment
    b. Without available supervision --
        4 Yes 9 No

8. Team Leader: 17 Yes* 15 No 21 No Comment

*(Answered "yes" if they reported "sometimes" or "occasionally;" or "no" if there was "no team plan.")

Fanny Allen Memorial School for Practical Nurses --

1. Number of questionnaires mailed: 296
2. Number of questionnaires returned: 139 or 47% (still responding)
3. Age: Average Age - 28 yrs. (One male; 138 females)
4. Employment:
    General hospital - 59%
    Nursing Home - 20%
    Physicians' Office - 3%
    Private Duty - 4%
    Other - Dental Office, Secretary, Child Health Center, Maternity Home - 14%
5. State of Employment:
    Vermont - 67%
    Out-of-State - 15%
    Unemployed - 18%
6. If employed in a general hospital, please indicate service:
    Medical) Surgical) 21
    Obstetrics 16
    Pediatrics 5
    Other - Emergency, Operating Room, Laboratory Technician, Geriatrics, Neurology, Psychiatric, student in profession school, Rehabilitation, Outpatient
7. Charge Nurse Responsibilities:
    a. With available professional nurse supervision - 44
    b. Without available supervision - 7
8. Team Leader: 31
9. Number of years employed in nursing:

7½ years	2	8 months	8
7 years	2	7 months	6
6½ years	2	½ year	15
6 years	1	5½ months	1
5 years	13	3 months	6
4 years	21	2 months	4
3 years	16	1½ months	1
2 years	28	1 month	2
1½ years	4	none	1
14½ months	1		
1 year	24		
9 months	6		

10. State currently licensed:

Vermont	120
New Hampshire	4
New York	5
California	4
Ohio	1
Connecticut	5
Florida	4
Massachusetts	1
Maryland	1

11. Number in Alumnae Association: 28 Yes 104 No
12. Number in National Federation of Licensed Practical Nurses:
13 Yes 116 No
13. Number in Vermont State Licensed Practical Nurses:
52 Yes 76 No

Some general statements might be made about the results of this sample questionnaire, although no specific conclusions can be drawn from this small sample.

1. The respondents did fairly well in returning the questionnaire.
2. The percentage of returns was adequate; the average return of the questionnaires from both schools was 48.8%.
3. From this small sample, between 60% and 70% of the graduates stay in Vermont.
4. The average age of the practicing LPN is between 19-30 years; the average age is about 28 years.
5. Most of the graduates of practical nursing work in general hospitals, with nursing and convalescent homes employing the second largest number of graduate practical nurses.
6. If any of the respondents are actually taking charge nurse and team leader responsibilities, they are definitely not prepared for this role. The responses are not too clear and it may be that the question was not clear.
7. The main body of the questionnaire needs much further analysis if we are to take a long, hard look at the practical nurse curriculum and make revisions in it.

One hesitates to draw any far-reaching conclusion from such a small sample; however, I hasten to point out that both schools seem to indicate the same trend in the functions of their graduates.

EXHIBIT #5

Function List for Licensed Practical Nurses

Year of Graduation ________________

Age ______________________________ Sex : M. ______________ F. ____________

__________________________________ State or Country in which employed.

Kind of Employment:

General Hospital ____________ Convalescent or Nursing Home ___________

Mental Hospital ____________ Physician's Office ___________________

Private Duty __________________________

Other (specify) ____

If you are employed in a general hospital, indicate on which service you usually work:

Medical _______________ Obstetrics ________________

Surgical _______________ Pediatrics ________________

Other (specify) ______________________________________

Do you have Charge Nurse responsibilities:

a. with available professional nurse supervision? ____________________

b. without available professional nurse supervision? _________________

Are you at any time assigned as Team Leader?

This is a list of procedures frequently done in hospitals.
The purpose of this check list is to find out:

1. The nursing procedures you are being asked to perform and how frequently?

2. How well prepared you think you are to perform these procedures? How well you think the school has prepared you for the experience? Did you learn these procedures while employed as part of in-service education?
If you want to make any remarks on any of the items on the list, write your remarks on the back of the page.
At the end, list any procedures which you perform frequently, which are not on the list.

Nursing Procedures Please try to CHECK each item.	Frequency of Performance CHECK ONE			Preparation for Carrying out CHECK ONE			
	Frequently	Seldom	Never	Well Prepared	Adequate Preparation	Not Prepared	Prepared by In-service
1. Assist with admission, transfer or discharge of patient.							
2. Give baths, including assisting with baths							
3. Prepare and assist patient with therapeutic bath							
4. Make bed, both occupied and unoccupied							
5. Make surgical bed							
6. Make special beds, as fracture, Bradford or Stryker							
7. Assist patient with dental care							
8. Assist patient with care of hair & scalp							
9. Placing patient in good body alignment							
10. Doing passive exercises with patient							
11. Assist patient with skin care, as in back rubs; prevention and treatment of decubitus and similar activities							
12. Assist patient in moving, as in dressing or undressing; moving in bed or out of bed, or out of stretcher							
13. Measure and record intake and output							
14. Record condition and behavior of patient on nurses' notes, including graphic sheets							
15. Take temperatures orally							
16. Take temperatures per axilla							
17. Take temperatures per rectum							
18. Count, observe character of and record pulse and respirations							
19. Take apical pulse							
20. Take and record blood pressure							
21. Take and record venous pressure							
22. Selecting foods for special diets							

Nursing Procedures	Frequency of Performance CHECK ONE			Preparation for Carrying out CHECK ONE			
	Frequently	Seldom	Never	Well Prepared	Adequate Preparation	Not Prepared	Prepared by In-service
23. Feeding patients							
24. Serving trays							
25. Apply restraints							
26. Collect, observe, measure specimen							
27. Test urine for sugar							
28. Utilize isolation techniques, including use of gown and mask, not in surgery							
29. Utilize sterile techniques including use of gown and mask, in surgery							
30. Prepare and administer oral medication							
31. Prepare and administer medication by subcutaneous injection							
32. Prepare and administer medication intramuscular injection							
33. Prepare and administer medication rectally (suppositories)							
34. Prepare and administer medication where dose requires computing							
35. Prepare and administer medication from vials (divided doses)							
36. Prepare and administer narcotics							
37. Prepare and administer insulin							
38. Prepare and administer antibiotics as penicillin or streptomycin							
39. Apply heat lamp							
40. Apply arm and foot soaks							
41. Apply hot water bottle or hot packs							
42. Administer steam inhalations							
43. Apply hot packs							
44. Apply hydrocollator packs							
45. Give Sitzbath							
46. Apply and remove dry dressings, compresses and packs, sterile							
47. Apply and remove unsterile dressings, compresses and packs							
48. Administer bladder irrigations							
49. Administer bladder instillation							
50. Catheterize female patient							
51. Catheterize male patient							
52. Insertion of retention catheter (Foley)							
53. Administer ear irrigations							
54. Administer ear drops							
55. Administer eye irrigations							
56. Administer eye drops							
57. Administer throat irrigation							

Nursing Procedures	Frequency of Performance CHECK ONE			Preparation for Carrying out CHECK ONE			
	Frequently	Seldom	Never	Well Prepared	Adequate Preparation	Not Prepared	Prepared by In-service
58. Administer nose drops							
59. Give postpartum perineal irrigation							
60. Give breast care to mother, both before and after nursing							
61. Give vaginal douche							
62. Instillation of vaginal medication							
63. Give sponge for temperature reduction							
64. Give postmortem care							
65. Administer oxygen by tent, including starting, regulating and terminating							
66. Administer oxygen by mask, including starting, regulating and terminating							
67. Administer oxygen by nasal method, including starting, regulating and terminating							
68. Pre-operative preparation of skin for surgery							
69. Care for patient recovering from anesthesia							
70. Assist in the care of patient recovering from anesthesia							
71. Prepare for, place patient in position for, and assist physician in examination of patient							
72. Assist physician in treatment of patient, as in changing of surgical dressings							
73. Care for medical and nursing equipment, including cleaning, storage and related activity							
74. Introduce tube for feeding or irrigation of stomach (gavage or lavage)							
75. Omitted							
76. Regulate intravenous fluids							
77. Terminate intravenous fluids							
78. Regulate blood transfusions							
79. Terminate blood transfusions							
80. Suction and clean tracheotomy tube							
81. Give tetanus antitoxin (intradermal)							
82. Care for infant in incubator							
83. Assist patient in walking with crutches							
84. Provide general nursing care for the acutely ill							

Nursing Procedures	Frequency of Performance CHECK ONE			Preparation for Carrying out CHECK ONE			
	Frequently	Seldom	Never	Well Prepared	Adequate Preparation	Not prepared	Prepared by In-service
85. Assist in providing nursing care for the acutely ill							
86. Provide general nursing care for infants							
87. Provide general nursing care for children, 2-13 years old							
88. Provide general nursing care for adolescents							
89. Provide general nursing care for adults							
90. Provide general nursing for the aged							
91. Give prepared enemas, such as Fleets							
92. Give enemas (soap suds, etc.)							
93. Give colostomy irrigation							
94. Care of gastric suction							
95. Use of I.P.P.B.							
96. Assist in well-child clinic							
97. Assist with spinal tap							
98. Assist with thoracentesis							
99. Assist with paracentesis							
100. Assist with the suturing of minor lacerations							
101. In daily work, how frequently are disposables used							
102. Application of binders							
103. Give bed shampoo							
104. Position and assist patient with postural drainage							
105. Give care and observation of tidal drainage							
106. Prepare and apply irritant such as mustard plaster							
107. List here other procedures which you perform frequently which are not included above							

____

____

____

108. List household duties you are called upon to perform:

Since graduation I have been employed in nursing ________ years.

Where are you currently licensed?____

____

Are you a member of your Alumnae Association? Yes____ No____

Are you a member of the National Federation of Licensed Practical Nurses? Yes____ No____

Are you a member of the Vermont State Licensed Practical Nurses? Yes____ No____

All information will be used to improve the education and status of LICENSED PRACTICAL NURSES.

DATA TABULATION FORM

Nursing Procedures	Frequency of Performance				Preparation for Carrying Out			
	Frequently	Seldom	Never	No Comment	Well prepared	Adequate prep.	not prep.	Prep. by Inservice

VI. BRIEF HISTORY OF THE THOMPSON SCHOOL FOR PRACTICAL NURSES

A great many of our historic schools have interesting backgrounds but none of these can have as romantic a beginning as Thompson School.

The romance which led to the founding of Thompson School began in 1821 with the birth of Elizabeth Rowell. She was born in Lyndon, Vermont, in a log cabin and grew up amid great hardships with practically no schooling. It was in 1840 when Thomas Thompson, making one of his many carriage trips through New England, met Elizabeth. Although Mr. Thompson was many years Elizabeth's senior and a very wealthy man of great culture, he recognized the wholesome qualities he had always wanted in a wife. So it was in December of 1843 this Green Mountain girl became his bride.

It was in the year 1861 that the second chapter of our romance is laid. It was at this time the North and South were in the throes of a civil war. In the summer of 1861, Mr. and Mrs. Thompson vacationed at the Bliss farm, now the Dickinson place, in Brattleboro. Mrs. Thompson became very interested in the sewing women who gathered together in Brattleboro to make garments for the soldiers, at very little pay.

It was on one of these summer evenings that Mr. Thompson told his wife he had been drawing up his will and was leaving everything to her. Mrs. Thompson protested at this, knowing she did not have the knowledge to wisely invest his fortune. She suggested the money be left in trust to her during her lifetime and at her death it should go the sewing women of Brattleboro and Rhinebeck, New York, where they had so often stayed; Elizabeth knew only too well the hardships these women endured. Mr. Thompson made very little comment on his wife's suggestion, but at his death eight years later it was found his will was made according to her wishes. Thus Mrs. Thompson found herself in possession of a million-dollar trust fund with an income of $50,000 annually.

The will, in part, reads the provisions of this trust were to be administered "for or toward the relief and support of poor seamstresses, needle women and shop girls who may be in temporary need for want of employment, sickness or misfortune in towns of Brattleboro, Vermont, and Rhinebeck, New York." It provided that if the whole income were not needed for this purpose the trustees were to apply such surplus to such kindred charitable purposes in said towns or elsewhere as should be determined by said trustees.

During the years left to Mrs. Thompson, her every thought was in relieving the suffering of others. As her wants and tastes were very simple, most of the $50,000 was spent in charitable organizations. Mrs. Thompson died in 1899 and the will which her husband had made many years ago became operative. By court decree, two-thirds of the income from the estate was to go to Brattleboro and one-third to Rhinebeck, New York. Although the sewing women were named as special beneficiaries, the court ruled the wording "kindred charitable purposes" would allow for other activities, including the building of a hospital in Brattleboro.

Mr. Richard Bradley was one of the three first trustees appointed by the Supreme Court of Massachusetts for the administering of the Thomas Thompson Trust Fund. Mr. Bradley had a very deep understanding of the social problems of Brattleboro. After a survey was made of the condition, Mr. Bradley was convinced the hospital and a registered nurse working in a district did not meet the needs of the sick; so he called together a group of fifteen women from the several churches of Brattleboro. The need of training women to go into the homes during illness and especially during childbirth was discussed. Out of this discussion, the Brattleboro Mutual Aid Association was formed in 1907. This association was formed to bring together people needing assistance in their homes in time of sickness with capable women needing to earn a living. Out of this organization, the Thompson Training School for Practical Nurse Attendants, as it was then called, was formed with one pupil. As a graduate she received $7.00 a week.

In 1909, Miss Charlotte MacLeod was engaged as the first director. Seven women took the training that year. The course was for twelve months, the first three being spent in Mutual Aid, the next three affiliating at Hayward Memorial Hospital at Gardner, Massachusetts, and the last six months spent in field work in Brattleboro. There were two classes each year. Upon completion of the course, these women were given certificates and pins and thus the Thompson School Alumnae Association was formed.

In 1934, the pay schedules began to improve through the efforts of the Alumnae Association. After the first year, they were getting $25.00 a week. It was also in 1934 that the Thompson School graduate got the right to wear a cap of her own. By 1945, the pay for a practical nurse was $35.00 a week.

For a few years the Mutual Aid carried on a Maternity Home where the practical nurses were trained in obstetrics. After the Brattleboro Memorial Hospital opened its maternity ward, the Mutual Aid was reorganized into a home for the aged.

As other communities throughout the country began to do something about practical nurse problems, some sort of standards had to be set up; so the National Association of Practical Nurse Education was organized. Nurses from the Brattleboro school attended these meetings faithfully and did what they could to help. In 1950, the school was reorganized to the standards set up by NAPNE and is now fully accredited. The school is now known as the Thompson School for Practical Nurses.

Through the help of the trustees of the Thompson Trust Fund and from other sources, a new building has been built on land obtained from the Memorial Hospital. This building will unite all the work of the Mutual Aid Association; that is, Thompson House for the Geriatrics on the first floor, the Thompson School including dormitory classroom and offices on the second floor. The school has three classes a year and is now affiliated with Brattleboro Memorial Hospital and Barre City Hospital where the students are a necessary part of their nursing staff. The course is for twelve months, the first four months being spent at Thompson School in concentrated study under the very capable teaching and guidance of Mrs. Gladys Hinds, Director of Thompson School, and her staff, Mrs. Helen Philbrick and Mrs. Emma Buchanan. The next eight months are with the affiliating hospitals.

The first class to be enrolled in the new building was admitted on August 17, 1958. There were sixteen, the largest class to train at Thompson School.

In 1951, because of lack of funds to continue the school, the Division of Vocational Education gave partial reimbursement of the director's salary through the local school system and in 1953, full reimbursement of the director's salary.

It was a very trying time for the school but, because of the courage of the people involved, it survived and the school now admits three classes a year. The first four (4) months are spent in the classroom, and the remaining eight (8) months are spent in the cooperating hospitals--the Barre City Hospital, Brattleboro Memorial Hospital, and the MDTA students at the Springfield Hospital.

In February 1958, the school came under the supervision of the Division of Vocational Education at the State level, and the director and instructors became State employees under the personnel system. This decision was due primarily because of a technicality in retirement , but it did result in more efficient operation in regard to the administration and supervision of the program.

At the present time, the Division of Vocational Education continues to reimburse 100% of the salaries of the director and instructors, but for the FY 1967 the salaries of the additional personal services will be reimbursed to the Division of Vocational Education by the cooperating hospitals. The Division also has assumed the responsibility of most of the operational costs of the school. The payment of rent for the facilities for the basic school is arranged between the Brattleboro Mutual Aid Association and the two cooperating hospitals. Hopefully, a third hospital in Springfield can be brought into the regular program in 1967.

The school presently has on its instructional staff--

1 Director (Chief),
2 Classroom Instructors,
2 Clinical Instructors,
2 Assistant Clinical Instructors,
1 Classroom Instructor under MDTA,
1 Clinical Instructor under MDTA,
1 Clerk-Stenographer.

The following list gives the number of graduates from the Thompson School of Practical Nurses, 1960-1965:*

1960 - 27
1961 - 15
1962 - 31
1963 - 36
1964 - 38
1965 - 40 inc. reg. & MDTA

Total 187

March 1966
School - 14 reg. & 12 MDTA = 26
Hospital-24 reg. & 9 MDTA = 33
Total 59

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* Admissions and Graduations, Vermont Schools of Nursing and Schools of Practical Nursing, 5-year period.

The present enrollment as of July 5, 1966 is:

Foundation period - 15 = 15
Cooperating hospitals - 24 reg. & 12 MDTA = 36
Total 51

VII. BRIEF HISTORY OF THE FANNY ALLEN MEMORIAL SCHOOL FOR PRACTICAL NURSES

In a report of consultation visits by Miss Adelaide Mayo in Vermont on November 12 and December 7 and 8, 1956, it was stated that the visitor made visits to Brightlook Hospital in St. Johnsbury, Orleans County Memorial Hospital in Newport, Kerbs Memorial Hospital in St. Albans, and Copley Hospital in Morrisville with the idea of establishing a school of practical nursing in the northern area of Vermont in order to meet the critical shortage of practical nurses.

History: This school came into being in the minds of our medical staff in January 1957, when they recognized the need for more bedside nurses for the care of the sick in this area. They explored the situation in various ways--talking to other doctors, hospital personnel, and by their own experience. Thus far, satisfied with information already obtained, they requested a secretary to obtain additional information. Meetings of the three people began--Dr. L.G. Thabault, Jeremiah K. Durick, Ph.D. and Sister Chaloux,R.H.S.J.--to explore possibilities for this hospital. The number of personnel employed was reviewed, salaries paid, facilities available, teaching setup, all were given lengthy consideration.

At this point, Mr. Harold Graeme, Supervisor of Trade and Industrial Education, was contacted as a consultant as to possibilities of promoting an educational plan for the training of practical nurses under Vocational Education. Mr. Graeme became interested as he was looking for a feasible place to start a central school for northern Vermont, thus servicing the small hospitals in that area. Mr. Graeme pointed out that there is a "desperate need" in Vermont, as in all the 48 states, for expanding nursing services.

Several conferences have been held with Mr. Graeme, as well as telephone calls made. When plans seemed better formulated, the Advisory Committee was formed.

There were four (4) cooperating hospitals when the program at Fanny Allen Memorial School for Practical Nursing finally got under way, and they took students on a rotating basis. They were:

Kerbs Memorial Hospital, St. Albans 6/2/58
Porter Hospital, Middlebury 3/58
Brightlook Hospital, St. Johnsbury 6/2/58
(Fanny Allen Hospital, Winooski (Medical-Surgical Nursing) 3/58
(and
(The DeGoesbriand Memorial Hospital (Pediatrics Nursing)
(and
(The Mary Fletcher Hospital (Obstetrical Nursing)

On December 1, 1958 the school was changed from local school supervision to State operation under the Division of Vocational Education, primarily due to a technicality in retirement but it did result in a more efficient operation.

The position of clinical instructor at Porter Hospital was closed out on February 16, 1959, due to the small number of students accepted at Porter Hospital which meant that the per capita cost was much too high to continue on a reduced budget.

On July 19, 1965, seven (7) students at the Kerbs Memorial Hospital informed everyone but the school that they would not "report for duty the following day because they were without an instructor (the nursing service director had been assuming this responsibility)."

Then followed the suspension of these seven students because of their "recent participation in a demonstration unbecoming to students of practical nursing and the profession." Their parents were notified of the situation by telephone and by letter.

These seven students were reinstated at the DeGoesbriand Hospital on Monday, August 9, 1966. Miss Alita Pinkham was hired to instruct them. All, but one who resigned from the program, have since graduated and are employed at the present time.

A letter from the Administrator of Kerbs Memorial Hospital on November 18, 1965 stated, "The Board of Trustees of the Kerbs Memorial Hospital voted on November 17, 1965, to defer any action on the Practical Nursing Students Program at the Kerbs Memorial Hospital, until the complete study and re-evaluation of the program by Mrs. Ruby Carr, Coordinator, has been submitted and studied."

At the present time, the Fanny Allen School has three (3) cooperating hospitals in the regular program and one cooperating hospital under MDTA.

1. Fanny Allen Hospital (Medical-Surgical Nursing)
   DeGoesbriand Memorial Hospital (Pediatric Nursing)
   Mary Fletcher Hospital (Obstetrical Nursing)

2. Brightlook Hospital (Medical Nursing, Surgical Nursing, Obstetrical Nursing, Pediatrical Nursing)

3. Mary Fletcher Hospital (Medical Nursing, Surgical Nursing, Obstetrical Nursing, Pediatrical Nursing)

The instructional staff includes:

1 Director (Chief) of the School
2 Classroom Instructors
3 Cooperating Hospital Instructors
2 Assistant Cooperating Hospital Instructors
1 Assistant Cooperating Hospital Instructor vacancy at Mary Fletcher Hospital
1 Clerk-Stenographer

2 Instructors) Under MDTA, DeGoesbriand Memorial Hospital
1 Assistant Instructor)

The first class of students was enrolled at Fanny Allen School on November 4, 1957. The following list gives the number of graduates of the Fanny Allen Memorial School for Practical Nurses from 1960 through 1965:*

1960 - 21

1961 - 40

1962 - 47

1963 - 37

1964 - 54

1965 - 46

Total 245

The present enrollment as of July 5, 1966 in the Fanny Allen School is:

Foundation period - 20

Cooperating hospitals - 36

56

MDTA 20

Total 76

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*Admissions and Graduations, Vermont Schools of Nursing and Schools of Practical Nursing, 5-year period.

FANNY ALLEN HOSPITAL
HOTEL-DIEU ST. JOSEPH
WINOOSKI VERMONT

August 2, 1957

Mr. Harold F. Graeme
Vocational Education Department
State House
Montpelier, Vermont

Dear Sir:

The undersigned committee has been authorized by the Fanny Allen Hospital Board of Trustees to establish a School for Practical Nurse Education and to conduct whatever negotiations with the State of Vermont that may be required to assure its successful operation. We therefore request the cooperation and aid of the Vermont State Education Department to assist us in materializing this objective.

We still have classroom facilities that were available to our professional students up to the time this school closed. Additional facilities for Practical Nurse Education will be provided in compliance with the survey made by Miss Mayo.

Professional help available are: a Director, Sr. Chaloux, rhsj, BSNE, and a lay nurse who can serve as Pre-clinical Instructor or Clinical Instructor. At this time we are endeavoring to get a degreed person, if possible, as a Pre-clinical Instructor.

We comtemplate opening the school,if your approval is forthcoming, on October 15, 1957.

Sincerely,

L.G. Thabault, M.D.

J.K. Durick, Ph.D.

Sr. Chaloux, rhsj.
Secretary

C O P Y

October 4, 1957

Mr. Hazen F. Wood
Superintendent of Schools
Essex Junction, Vermont

Dear Mr. Wood:

It has finally been decided that, since the Colchester Board of School Directors is willing to cooperate with the Fanny Allen Memorial School of Practical Nursing, it will be located at the Fanny Allen Hospital and operated through the Colchester Board. A memorandum of understanding will be prepared as soon as possible so that the financial arrangements will be on record.

We appreciate very much the attitude of you and your Board in cooperating with the State Department as we set up this school. The hospitals, the Vermont State Medical Society, and nursing organizations are deeply impressed with the need for this kind of training, especially in the northern part of Vermont, and we feel that this school may go a long way toward meeting that need. Mr. Graeme will keep in close touch with you and render all the assistance he can in the supervision and improving the instruction offered. In the near future also we expect to have a part-time consulting specialist operating out of our office who will be of further assistance.

Again let me express my personal thanks and the hope that this first year of operation will insure the success of the school.

Very sincerely yours,

/s/ John E. Nelson
Director of Vocational Education

JEN/lcm

MEMORANDUM OF THE SELECTION OF A NAME FOR THE SCHOOL OF PRACTICAL NURSING AT THE FANNY ALLEN HOSPITAL

At a meeting of the local advisory committee of the School of Practical Nursing on October 3, 1957, it was voted to call the School the "Fanny Allen Memorial School of Practical Nursing".

The reasons for retaining in a somewhat modified form the insertion of the word "Memorial" are the following:

1. The name Fanny Allen is a historic name both in Vermont history and in the region served by the hospital. Fanny Allen was Ethan Allen's daughter. Although the hospital itself is conducted by sisters, physicians and patients alike in the surrounding area have always been of all faiths and even none.

The former School of Nursing at the Hospital received and trained young women of all creeds. "Integration" has been traditionally effected without acrimony or religious hostilities of any kind, for the hospital's policy has been one of service to the sick, rich or poor, regardless of race, color or creed.

2. The word "Memorial" is included in the title to differentiate between the now defunct School for Registered Nurses and the new School of Practical Nursing.

3. Whatever attempts we have made to find a new title for the School has been unsatisfactory. In the long run, since the headquarters for the pre-clinical training will be at the Fanny Allen Hospital, students and public alike will resist a new name and in practice refer to the School as "Fanny Allen".

4. Every effort will be made in the School's Bulletin and in advertising to indicate the public character of the School. It will be to all honest intent and purposes a Vermont State sponsored school under the jurisdiction of the Superintendent of Schools in the town of Colchester.

5. The present Superintendent of Schools, Mr. Hazen Wood, is being invited to join the Committee. As other hospitals benefit by this cooperative endeavor to meet the nursing needs of communities, such as St. Johnsbury and Middlebury, representatives chosen by the hospitals will be invited to take their places on the committee; Mr. Betts and Mrs. Montgomery are already representing the Kerbs Hospital of St. Albans.

6. The Fanny Allen Hospital Alumnae of the three-year school, in spite of some hostility to the use of the name, will be loyal to the proposed School of Practical Nursing, realizing that even their best interest as professional nurses will be served by the perpetuation of the name. Their sentiments are shared by all interested in the welfare of the Hospital and in the continuance of its fine teaching facilities.

7. There is known precedent in other hospitals for retaining the very same name for a school of practical nursing in a hospital which once sheltered a three-year program, e.g. in Yonkers, N.Y. and in Springfield, Massachusetts.

REPORT OF CONSULTATION VISIT
TO
FANNY ALLEN HOSPITAL

101 College Parkway
Winooski, Vermont

By THE NATIONAL ASSOCIATION FOR PRACTICAL NURSE EDUCATION

May 24, 1957

At the request of Mr. H. F. Graeme, Supervisor of Vocational Education, to the NAPNE consultant for Vermont, a consultation visit was made to the Fanny Allen Hospital in Winooski on May 24, 1957.

This hospital is owned and operated by a Catholic Order, the Religious Hospitallers of St. Joseph, with the Mother House in Montreal.

The purpose of the visit was to review the facilities with the idea of developing a school of practical nursing.

The hospital closed its professional school of nursing in 1955 because the facilities were inadequate for a professional school.

At the present time the Joint Accrediting Service has given temporary approval for the hospital until September in order that the administration may fulfill its recommendations. Many of these have already been completed, so that it is expected that full approval will be forthcoming. The hospital is not listed in the Hospital Register but it is an institutional member of the American Hospital Association.

The building was first constructed as a hotel but was opened as a hospital in 1895. To this original wooden building brick wings have been added. The fire regulations have been met including a sprinkler system and the many exits onto porches on both floors. A modernized tiled operating room has been completed as well as a laboratory and x-ray room.

The bed capacity is 58.

The patient rooms are single or semiprivate double rooms, many of them having lavatories adjoining. There are two six-bed wards for men.

The daily average census is around 48-50, mostly medical and surgical patients. The obstetric unit was closed a short time ago. The pediatric unit is very small having only four cubicles and an uneven census.

The facilities for nursing care, such as utility rooms, are small and crowded. Some of the crowding could be eliminated if bedside tables had individual equipment such as bedpans and hand basins. Many treatment trays are kept on the patient floors since there is no central supply room at present.

A small diet kitchen near the kitchen serves special diets to about two-thirds of the patients on the average. These are quite varied in type. Trays are prepared and sent to the floors, some in open trucks, others by dumb waiter. All dishes are washed in a central dishwashing room in the basement.

The hospital had been freshly painted in many areas and on the whole the housekeeping was good. Ingenious uses of small and poorly located areas were very well planned.

The nursing service personnel consists of 14 full-time professional nurses and some part time, three unlicensed practical nurses--one man and two women, and several part-time aides, making a total of about 35 persons giving nursing care.

The present personnel policies include two weeks annual vacation on salary, one week sick leave, a 40 hour week and required hospitalization paid by the employee. No physical examination is required before employment.

The administration and members of the medical staff are interested in establishing a school of practical nursing on a cooperative basis with the state vocational department in order to augment the present diminishing supply of professional nurses in the northern part of the state. While no specific approach has been made to the total medical staff, alumnae of the former school, and current nursing personnel, it was the judgment of the administration that little opposition would be expressed if a school of practical nursing was started.

STUDENT RECRUITMENT

The question of recruitment, the media for publicity which would have to be used, and the areas to be reached for potential applicants was reviewed in some detail. It was evident that with no other school in the northern part of the state there should be a recruitment potential for a small school, but that it would be difficult at this time to hazard a guess as to whether 15-20 students could be enrolled three times a year, especially in the beginning.

RESIDENCE FACILITIES

Because of the present uncertainties as to numbers, those who would live at home versus those needing resident accommodations, it would seem adviseable to delay building a new residence. Until more information is available for determining the best size and types of residence accommodations, the neighborhood should be explored for suitable housing for those who cannot return home at the close of the school day. The present residence facilities, once used for the professional students, are unsuitable for practical nurse students.

CLASSROOMS

The second floor space in the nurses residence, on the other hand, could be converted into a very desirable nursing skills laboratory in lieu of reconstructing the former nursing practice laboratory which is too small to serve satisfactorily for a group of 15-20 students with equipment required for practice.

The end of this room could be converted into a "utility room" by

1. Replacing three hand bowls with a double well, double drainboard sink.
2. Replacing all toilets but one with a waste hopper or chemical sink.
3. Removing tubs and partitions to give more space for moving about within this area.

8

4. Setting up waist-high work cupboards, with individual equipment, one for each practice bed, with heat resistant top. These to form a partial partition and permit the instructor to view all students at work.

5. Installing small electric sterilizer.

The opposite end surrounded by windows could hold five complete practice bed units, these beds to be of modern type. Between these two ends could be side-arm chairs arranged so that students could view teacher demonstrations. The teacher demonstration unit could be placed in front of the chairs.

The small room at the toilet end could be an instructor's office. The larger room at this end could hold lockers and dressing cubicles, one of the latter for each practice bed unit. There would still be room for wall cupboards for cleaning equipment, expendable supplies, special types of equipment needing to be stored, for linen, pillows, blankets, etc.

The downstairs lounge could be attractively furnished for a rest room.

The large room in the basement which was the lecture room could still be used with the torso, skeleton, charts, etc., being returned from the Burlington Hospital.

The former nursing practice laboratory could be converted into a small home economics laboratory with two complete family type kitchens, adequate kitchen sinks, stoves, refrigerator, small tables for table setting and serving, etc.

These changes appear to be the most economical and to serve the best curriculum requirements.

FACULTY

The school would have as its director the Sister, now on sick leave, who will administer the program and teach one or possibly two courses. She would also have direction of counselling. If the school is favorably decided upon, she will attend summer school in Maine this year (1957). A second person might also be groomed for instructor and she too would attend the course for instructors. While not meeting the educational preparation deemed desirable, she could be helped by additional preparation. The hospital dietitian might teach the Family Living unit or possibly a local retired home economics instructor may be found.

While these above conditions appear to be surmountable, the two not so easily solved problems lie in the clinical or hospital facilites, one for adequate mother and baby care and one for sick and well children. However, it is possible that these two services could be made available at the Bishop DeGoesbriand Hospital in Burlington. This institution was not visited at this time. While medical and surgical nursing can be provided in the Fanny Allen Hospital, these are not large enough services to give clinical experience to a very large group of students. In a class of 20, placing 8-10 on each of the services would prove a real problem of work assignment.

SUMMARY

In summarizing, there would seem to be interest, and a desire to open and operate a sound program in practical nursing, to create good classroom facilities, prepare instructors, to study the needs for a future residence, and to provide increased and adequate clinical experience. If these major problems can be met it would seem desirable to proceed with a small group and to gradually increase the size if and when expansion is feasible and necessary. This might easily be based on the desire of one or two other hospitals to use these facilities as a central area school. This suggestion would need further study if though feasible.

/s/ Adelaide A. Mayo, Consultant

The following information is from the plan for the establishment of the Fanny Allen Memorial School for Practical Nursing:

Purpose of Over-All Program

1. To prepare qualified women through an approved educational program to share in the care of the sick, in rehabilitation, and in prevention of illness, under the supervision of a licensed physician and/or a registered professional nurse.

(NAPNE - Clinical Teaching)

Objectives for the Practical Nurse School

1. To give the practical nurse student the knowledge and skill necessary for effective care of patients in hospital and home.
2. To help relieve the dire need in northern Vermont for nursing services and to provide practical nurses for small urban and rural areas.
3. To develop the practical nurse students' ideals of personal growth and development through her vocational training.
4. To prepare persons who will have as their vocation the care of the sick and aged in the light of ethical beliefs and ideals.

Program of Instruction

The program of instruction for the practical nurse student is 12 months, including three weeks vacation.

The program consists of the pre-clinical period which is 16 weeks and the clinical period of 32 weeks with three weeks vacation and one week orientation.

During the pre-clinical period, classes are held eight hours a day, five days a week. In the clinical area, students work 40 hours a week and have included in this four hours of class, two of which are planned instruction and two hours unplanned, given at bedside.

Areas of Instruction in the Pre-Clinical Program

1.	Body Structure and Function	32 hours
2.	Personal and Vocational Relations	32 hours
3.	Personal and Community Health	32 hours
4.	Introduction to Conditions of Illness	24 hours
5.	Nursing Principles and Practice	248 hours
6.	Diversional and Rehabilitative Activities	16 hours
7.	The Family	48 hours
8.	Nutrition and Foods	48 hours
	Total	480 hours

In the clinical area, the students will have experience in: Medical and Surgical Nursing--16 weeks.

This service will be given for the present at the Fanny Allen or at Kerbs Hospital. Plans on orientation will be carried out throughout the whole program.

Students will be assigned to the care of the convalescent patient, sub-acutely ill and chronically ill patient. They will be trained to recognize symptoms, report them and record them accurately. They will also be trained in performance of nursing procedures and in rehabilitation.

Diet Therapy--2 weeks

Students will rotate through the Diet Kitchen with special emphasis on the preparation of patient's diet tray and giving the correct diet.

Care of the Aged Patient will also be integrated in Medical and Surgical Nursing as part of total patient care.

Care of Mothers and Newborns--6 weeks

Students will observe labor and delivery of mothers so as to better understand the patient's needs. She will, however, care for the mother who has had a normal delivery.

Students will care for the normal child and only observe in the premature nursery. This affiliation will be at Kerbs Hospital, St. Albans, Vermont.

Care of Children--4 weeks

The student will be trained to observe the common conditions of illness in the child and his behavior at this time. Students will affiliate at DeGoesbriand Memorial Hospital.

Total hours of student experience is 1,280 hours with 120 hours of clinical instruction.

Classroom

This is located in basement of hospital. It is next to the library in a quiet section, well ventilated, lighted and heated. It is very spacious with large blackboards which are also lighted. There are facilities for movies and/or slide showings.

Nursing Skills Laboratory

Located on third floor of former nurses home. It is well lighted, ventilated and heated. It is completely renovated according to plan suggested by NAPNES. It contains five practice units and one demonstration unit.

Library

The library is located in the basement of the hospital. It is well lighted, ventilated and heated. It has three large study tables with chairs. There is a section for recreational reading. It contains basic reference books in all areas. Pamphlets are of current releases from authentic sources.

Reference Books for Practical Nursing

1.	Simplified Nursing	Dakin and Thompson
2.	Medical Terminology Made Easy	
3.	Vocational Nursing	Price
4.	Searchlight Homemaking Guide	Household Magazine
5.	The American Nurses' Dictionary	Price
6.	Practical Nursing	Brownell
7.	Study Guide and Review of Practical Nursing	Hansen
8.	Nutrition for Practical Nurses	Howe
9.	Home Nursing Textbook	American Red Cross
10.	A Source Book for the Practical Nurse	Kelly

Magazines

Vermont Board of Nursing Office

EXHIBIT # 6

ADMISSIONS AND GRADUATIONS
VERMONT SCHOOLS OF NURSING AND SCHOOLS OF PRACTICAL NURSING
5-year Period

School	Type	1964 Adm.	1964 Grad.	1963 Adm.	1963 Grad.	1962 Adm.	1962 Grad.	1961 Adm.	1961 Grad.	1960 Adm.	1960 Grad.
U.V.M.	Degree	64	37	36	31	49	38	48	29	58	26
Mary Fletcher	Diploma	46	38	42	35	41	28	51	36	51	31
Heaton Hospital	Diploma						1		5	0	10
Jeanne Mance	Diploma	60	37	47	24	46	28	44	26	43	25
Castleton	A.D.	28	10	32	0	22	----------				
Vermont College	A.D.	28	18	27	22	25	--	27	----------		
	TOTAL	226	140	184	112	183	85	170	96	152	92
Fanny Allen	P.N.	63	54	64	37	60	47	54	40	55	21
Putnam	P.N.	30	19	27	20	26	11	16	34	22	20
Thompson	P.N.	50	38	32	36	34	31	32	15	38	27
	TOTAL	*143	111	123	93	120	89	102	89	115	68

*2 classes under MDTA

Note: There are no programs offering masters or higher degrees in nursing in Vermont.

PROFESSIONAL NURSES

School	1965 Graduate	1st	2nd	3rd	4th	Graduate Estimate 1966	1967	1968	
University of Vermont	38	67	57	28	32	32	28	57	
Mary Fletcher	29	60	36	28		28	36	60	
Jeanne Mance	34	62	43	30		30	43	62	
Castleton State College	7	24	12			12	24	20	
Vermont College	18	31	22			22	31	25	
Total - 532	116	244	170	86	32	124	162	180	Total - 466

PRACTICAL NURSES	1965 Graduate	1965 Enrollees
Fanny Allen Memorial School for P.N.	46	77
Putnam Memorial School for P.N.	29	24
Thompson School for P.N.	40	50
Total - 266	115	151

VIII. ANALYSIS OF COSTS IN PRACTICAL NURSING

A. Basic Programs for Practical Nursing

1. Cost of Practical Nursing Programs 1965-66

Personal Services	-	$84,747.63
Operating Expenses	-	2,717.26
Grants	-	573.75
Total		$88,038.64

2. Anticipated Costs of Practical Nursing Programs 1967-68

Personal Services	-	$85,595.00
Operating Expenses	-	6,575.00
Grants	-	2,125.00
Total		$94,295.00

B. Cost to the Student*

1. Thompson School for Practical Nurses

a)	Application	-	$ 5.00	
b)	Registration	-	15.00	
	(Out of state)	-	25.00	
c)	Books and Uniforms	-	60.00	
d)	Laboratory fee	-	5.00	
e)	Medical fee	-	10.00	
f)	Board & Room	-	380.00	(Basic School)
g)	Room (8 mos.)	-	160.00	(Hospital)
h)	Meals	-	240.00	(Approximately)
i)	Laundry	-	16.00	(Approximately)
	Total		$891.00	

2. Fanny Allen School for Practical Nurses

a) Pre-clinical fees

Books, uniforms, medical fees, etc.	-	$105.70	
Board	-	184.00	
Room	-	128.00	(Approximately)

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* The cost to the student may vary slightly because of individual hospital arrangements, i.e. some hospitals give the students their lunches. Also, in the situation at Fanny Allen Hospital, the students live away from the school, and there will be the added cost of travel. Of course, the cost will be dependent upon the distance and mode of travel to and from the school.

b) Clinical fees

Books, League Test, pin, diploma	- $ 30.51 (Approximately)
Board	- 272.00 (Approximately)
Room	- 160.00 (Approximately)

c) Graduation fees

State Board Exam	- 21.00
Class dues	- 6.00
Pictures	- 4.50
Uniform	- 14.95
Total	$926.66 (Approximately)

C. Benefits to the Graduate of a School of Practical Nursing in Vermont

What can a graduate of an approved school of practical nursing expect to earn in Vermont?

In January 1966, the Vermont Hospital Association conducted a survey of the salaries of nursing personnel in the general hospitals in Vermont:

1. Salaries for the General Duty Nurse --

40-hour week 18 respondents

Minimum Wage	Maximum Hourly Wage	Average Wage
$1.84 per hour	$2.03 per hour	$1.91 per hour
$73.60 per week	$81.20 per week	$76.40 per week
$3,827.20 per year	$4,222.40 per year	$3,972.80 per year

2. Salaries for the Licensed Practical Nurse --

40-hour week 20 respondents

Minimum Wage	Maximum Hourly Wage	Average Wage
$1.41 per hour	$1.60 per hour	$1.48 per hour
$56.40 per week	$64.00 per week	$59.20 per week
$2,932.80 per year	$3,328.00 per year	$3,078.40 per year

It is my understanding that there has been an increase in wages since January of 1966. Also, some hospitals have a differential for graduates of approved schools of practical nursing and the waivered practical nurse. There is also a slight increase in salary for those nurses who work the so-called 3-11 p.m. shift and the 11 p.m. to 7 a.m. shift; it would vary with the hospital.

The American Nurses Association, at their convention in San Francisco in June 1966, recommended through a resolution that a beginning salary for registered nurses be $6,500 per year. In this case, if we agree that the salary of a practical nurse should be approximately three-fourths the salary of a registered nurse, this would mean that the practical nurse should be receiving approximately $4,875 per year.

IX. INSTRUCTOR QUALIFICATIONS
(State Plan Revision)

Pg. 19 - VERMONT STATE PLAN FOR VOCATIONAL EDUCATION - 1965

1.53-4 Teachers in Health Occupations

(A) Qualifications of teachers of nursing theory and practice who have coordinating responsibilities.

(1) Experience in Nursing. All practical nursing instructors shall have had not less than two years of general nursing experience as a registered professional nurse within the last five years.
(2) Experience in Teaching. Should be a graduate of a four-year course in an accredited college or university with a baccalaureate degree in nursing, including not less than nine (9) hours in education. If the candidates have not had the above experience in teaching, they shall acquire its equivalent in-service teacher education as conducted or approved by the state supervisory staff personnel.
(3) Experience in Coordination. Should have had not less than two years of teaching experience in a school of professional or practical nursing, including, if possible experiences in coordination, administration or supervision in nursing within the last ten years. If the candidates have not had the above experience, they shall acquire its equivalent of in-service teacher training as conducted or approved by the state supervisory personnel.
(4) Holds a current license to practice nursing in Vermont.

(B) Qualifications of teachers of nursing theory and practice who have no coordinating responsibilities.

(1) Experience in Nursing. Shall have had at least two years of general nursing experience as a registered professional nurse within the last five years.
(2) Experience in Teaching. Should have completed at least sixty semester hours of college or university work including a minimum of nine semester hours of education. If the candidates have not had the above experience, they shall acquire the equivalent by in-service teacher training conducted or approved by the state supervisory staff personnel.
(3) Holds a current license to practice nursing in Vermont.

(C) Qualifications of teachers of courses supplemental to, but inherent in, nursing practice. Applies to both preparatory and in-service education.

(1) Qualifications in Course Taught. Teachers of courses supplemental to, but inherent in, nursing practice must be qualified in the area taught.
(2) Experience in Teaching. Teachers employed to teach this type of course will be required to meet the same qualifications as any other teacher. Pre-service and in-service teacher education can be conducted or approved by the state supervisory staff personnel.

(D) Qualifications of teachers of nursing theory and practice in in-service courses.

(1) Experience in Nursing. Shall have had at least two years of general nursing experience as a registered professional nurse within the last five years.
(2) Experience in Teaching. Pre-service and in-service teacher education will be conducted or approved by the state supervisory staff personnel whenever necessary.

X. SUMMARY

Health Services comprises one of the fastest growing industries in our nation and state today, and the objective of this study has been to assess the facts and to determine how effective a role practical nurses play in contributing to those health services.

The work of the practical nurse is an integral part of all nursing. She gives nursing care under the supervision or direction of the registered nurse or physicians to patients in simple nursing situations and assists the registered nurse in more complex situations.

An overview of practical nursing within the field of nursing in meeting the needs of society has been outlined here. The American Nurses Assoc. has presented their Position Paper in which they have outlined the educational requirements for the levels of nursing education. I agree that nursing has too long been apart from the general educational stream of this country and that the first level nurse should be the professional nurse with a minimum of a baccalaureate degree and that the second level nurse should be the technical nurse with an associate degree; but since practical nursing programs evolved in order to meet the needs of society and since the practical nurse has been officially recognized by the ANA in collaboration with the NFLPN through the delineation of their functions as a worker, it would seem that any elimination of the practical nurse from the nurse power force would not be in the best interests of society. Beginning July 1, 1966, in Vermont there will be a potential of 52,000 persons in Vermont under Medicare and the Medical Assistance Program (Title XIX). (The Medical Assistance Program benefits are identical to Medicare benefits, but the benefits are available to recipients of welfare regardless of age while Medicare is for those persons 65 years and over.)

It would seem feasible then that the third level of nursing should be the vocational or practical nurse, and it would certainly seem that society needs this nurse.

Legislation from the Vocational Education Act of 1946 as amended or Title II - George-Barden Act under the amendment by P. L. 911, 84th Congress, up to the Vocational Education Act of 1963 and #273 Acts of 1957, Vermont Education Laws would indicate that the representatives in our country and Vermont support society's need for the vocational nurse.

Highlights of the Ad Hoc Nursing Committee include: the expansion of the present schools of practical nursing rather than the opening of a new school at the present time; a permanent position for the Health Occupations supervisor; a teacher-trainer in Health Occupations; a smaller Advisory Committee; workshops on a regional basis for instructors of practical nursing; better utilization of the overcrowded clinical facilities by all pre-service nursing programs; shortage of qualified faculty; the need for more intensive recruitment for all nursing; the development of a policy manual for practical nursing; and the inclusion of practical nursing programs within the vocational-technical centers when they are established in Vermont.

The function study for licensed practical nurses was initiated and sent to the graduates of the two schools of practical nursing; there are indications that some practical nurses carry out functions for which they were not prepared in the basic school, but the results of the function study need further analysis.

From 1960 through 1965, the Vermont schools of practical nursing have graduated the following numbers of students (see Exhibit #6).

Fanny Allen Memorial School for Practical Nurses - 245)
Putnam School for Practical Nurses (Private) - 133) Total = 665
Thompson School for Practical Nurses - 187)

From 1960 through 1965, the Vermont schools of professional nursing have graduated a total of 641 students.

The salaries of the graduates of the schools of practical nursing do not seem commenserate with the initial cost to the student and the responsibilities they carry at the bedside when one considers that a high school graduate can obtain a stenographer's position at the same salary rate. The average wage of the practical nurse in January 1966, according to the Vermont Hospital Association study, is $3,078.40 per year, and the average salary of the registered nurse (after two, three, or four years of study) is $3,972.80 per year.

The lack of a pool of qualified nursing faculty continues to pose a problem, especially in the northern school. The Needs and Resources Study being conducted by the Vermont State Nurses Association should be carefully reviewed since it will be most helpful to us. It will be available August 1, 1966. (See Exhibit #7, Committee to Study Nursing Needs and Resources.)

Exhibit #7

VERMONT STATE NURSES' ASSOCIATION, INCORPORATED
COMMITTEE TO STUDY NURSING NEEDS AND RESOURCES

November 1965 Restatement

NEEDS

The need for a reappraisal of the nursing needs and resources in Vermont is based on:

1. The expansion of hospital facilities and other health services in Vermont.
2. The expressed need for personnel in nursing education and nursing service.
3. The expansion of educational programs for professional, subprofessional, and subsidiary nursing personnel.
4. The implications of recent legislation (Nurse Training Act, Medicare, Vocational Education, Heart, Cancer and Stroke Legislation).

PURPOSE

To improve the health care of the people of Vermont through the preparation of a plan aimed at improvement of the quantity and quality of nursing care in hospitals, nursing homes and other health agencies.

OBJECTIVES

1. To assess the adequacy of the present supply of nursing personnel.
2. To assess the adequacy of educational facilities for the preparation of the various levels of nursing personnel.
3. To assess the availability of facilities for preservice and continuing nursing education.
4. To identify areas of need and steps that need to be taken in the next decade in order to meet these needs.

FUNCTIONS

1. To study previous surveys and to determine present status as a basis for projecting future needs.
    a. To collect, analyze and interpret data on which to base a current picture of nursing practitioners and their assistants.
    b. To collect data on projected needs for nursing services in the next decade in order to project the needed personnel and their preparation.
    c. To recommend a plan for attaining the desired preparation of the various levels of nursing personnel.
2. To involve individuals and groups who can assist in the collection of data, the evaluation of needs and the implementation of recommendations aimed at the improvement of nursing education and nursing service.

STATUS OF THE THOMPSON SCHOOL FOR PRACTICAL NURSES

1. It is fully accredited by the Vermont Board of Nurses.
2. It is fully accredited by NAPNES.
    - a) Curriculum is studied at faculty meetings.
    - b) Philosophy and objectives of the program need to be further developed.
    - c) Men students are now included in obstetrical nursing.
    - d) Faculty are encouraged to take courses through extension courses.

STATUS OF THE FANNY ALLEN MEMORIAL SCHOOL FOR PRACTICAL NURSES

1. Completed their philosophy and objectives for the practical nursing program.

2. All faculty positions are filled at this time.

3. A more reasonable workload has been established for the faculty.

4. An appropriation has been made for the improvement of the physical plant and additions to the library.

5. Memorandum of Agreements have been completed.

6. Continuing evaluation of the program is being made through visits to the school, through monthly faculty meetings and whenever necessary.

7. Another application for accreditation by the Joint Accrediting Committee was filed in February 1966 by the Fanny Allen Hospital but have not been visited up to this time. They have also been approved for Medicare.

8. The school will be visited again in November of 1966 by the Vermont Board of Nursing.

9. The 1965 report to NAPNES was received and reviewed by the Accrediting Committee.

   See Exhibit #8 (Letter from NAPNES).

10. The Fanny Allen Hospital is planning a new building for 90 medical and surgical beds. The wing will contain a full dietary department, pharmacy, and administration. The plan is to break ground in the fall.

    The St. Mary's Wing could be given to the school and could have two classrooms plus three to four more offices. It could also accommodate rooms for housing 20-24 students. There would be ample bathroom facilities, a sun parlor, living room and kitchenette for use by the students.

EXHIBIT #8

Mrs. R. Irvine
Director
Fanny Allen Memorial
 School of Practical Nursing
101 College Parkway
Winooski, Vermont

Dear Mrs. Irvine:

The 1965 annual report for the Fanny Allen Memorial School of Practical Nursing has been received and reviewed by the Accrediting Committee.

The Committee was pleased with many aspects of your report of progress and implementation of recommendations made at the time of the last visit.

The Committee took full cognizance of your situation and encouraged the action by you and your faculty in the improvement of your program.

Normally, your provisional status would require a consultation visit at this time. However, due to your circumstances the Committee has taken exception and a consultation visit in 1966 is optional. I would expect, however, that you may be required to have your program reviewed in 1967.

Every good wish for your continuing success.

Sincerely yours,

Janice M. Gray, M.A., R.N.
Secretary, Accrediting Committee

JMG:dk

XI. RECOMMENDATIONS OF THE "AD HOC" COMMITTEE FOR PRACTICAL NURSING

A. General Agreement

1. Agreed that practical nurse education should continue at the post-high school level because this kind of a program attracts the mature, older student as well as the young high school graduate.

2. Agreed that, at this time, expansion in practical nurse education should take the form of increased enrollment at the present schools rather than the establishment of a new school for the following reasons:

   (a) The lack of and because of overcrowded facilities for clinical practice.
   (b) The difficulty in obtaining faculty because of competition for faculty.
   (c) Increased administrative costs.
   (d) The Needs and Resources Study no doubt will have something to contribute to this situation.

3. Recognized that in planning for the future of practical nursing in Vermont, that consideration should be given to the development of vocational centers in the state, Survey on Needs and Resources (Nurses) in Vermont, the ANA Position Paper on Nursing Education, as well as other reports from AVA, NAPNES, NFLPN, AHA, and the AMA.

4. Recognized that there was a need for more activity in recruitment since mid-winter classes are more difficult to fill with qualified candidates. It was also agreed that the Vermont Committee on Careers should be more active and that recruitment for all nursing should be made through one committee if at all possible.

B. Administration and Organization

1. Recommended that the position of Supervisor of Health Occupations be made a permanent position in the Division of Vocational Education and that it be on the same administrative level as other supervisory positions in the Division.

2. Recommended that there be a teacher-trainer in Health Occupations, primarily to work with instructors in practical nursing and to carry out the recommendations as indicated in the State Plan.

3. Recommended that there be established a smaller advisory committee to the Supervisor of Health Occupations.

4. Agreed that a policy manual for practical nursing be developed to implement the State Plan.

5. Reviewed and accepted the present qualifications for faculty with minor changes.

6. Recommended that after FY 1967 the Division of Vocational Education should assume payment of salaries of the assistant instructors and clerk-stenographers rather than the cooperating hospitals.

C. Curriculum

1. The directors of both schools of practical nursing felt that the present one-year program provided a good basic course.

2. That the clinical areas of experience needed to be reviewed in light of the present-day use of the practical nurse and the objectives of the various clinical areas needed to be further clarified.

3. Flexibility in planning for the program should be encouraged.

4. The instructor/student ratio in the clinical area should be one (1) to eight (8).

5. The schools should work toward admitting larger classes but two (2) classes a year (in order to allow for planning course outlines, continuing education, etc.).

6. There were many clinical facilities for observational experience and some, not presently used, that might provide patient care experience such as non-profit nursing homes.

7. There might be better utilization of clinical facilities. All programs in nursing, as well as sub-categories, tend to utilize the clinical facilities from 7 a.m. to 3:30 p.m. Therefore, there would be ample experience from 3:30 p.m. to 11 p.m. and weekends for our students, but there should be a compensatory increase in pay to instructors who work these hours.

8. There needs to be more frequent joint planning in all levels of nursing.

9. There needs to be further study on the utilization of nursing staff in hospitals to be sure each is doing nursing and doing nursing for which they have been prepared.

10. Agreed that short-term workshops for faculty similar to the California study* be considered either for Vermont or on a regional basis. These workshops, of course, are not to be considered, in any way, a substitute for formal education.

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* Improving Instruction in Vocational Nursing, Sponsored by The Bureau of Industrial Education, California State Department of Education; Conducted by the Division of Vocational Education, University of California, Los Angeles, 1964.

EXHIBIT #9

"Ad Hoc" Nursing Advisory Committee

Mrs. M. Patricia Chase, Exec. Sec.
Vermont State Nurses Association, Inc.
187 College Street
Burlington, Vermont

Mrs. Clara Roitero, Exec. Sec.
Vermont Practical Nurses Association, Inc.
2 Canal Street
Brattleboro, Vermont

Miss Mabel Hills, Instructor
Mary Fletcher Hospital School of Nursing
Burlington, Vermont

Sister M. Ducheneau, Director
Jeanne Mance School of Nursing
North Prospect Street
Burlington, Vermont

Miss Marion Gorham, Chairman
Department of Nursing
Vermont College
Montpelier, Vermont

Mrs. Gladys P. Hinds, Director
Thompson School for Practical Nursing
4 Lexington Avenue
Brattleboro, Vermont

Mrs. Rollande C. Irvine, Director
Fanny Allen Memorial School for Practical Nursing
101 College Parkway
Winooski, Vermont

Miss Ruth Hulett
Barre City Hospital
Barre, Vermont

Miss Jean Milligan
Department of Nursing
University of Vermont
Burlington, Vermont

Mrs. Ella Ziter, Director
Brightlook Hospital
St. Johnsbury, Vermont

Miss Phyllis Coburn, Director
Putnam Memorial School for Practical Nursing
Bennington, Vermont

Mrs. Margaret Maddocks, Consultant
Department of Health
115 Colchester Avenue
Burlington, Vermont

XII. RECOMMENDATIONS

Recommendation #1 -- Recruitment

Because of the variety of opportunities now being offered for women and men in other occupational fields and because of the seeming lack of interest of nursing as a career, I recommend an intensive recruitment program be pursued through the Vermont Headmasters Association and the Vermont Guidance Director, and geared toward not only the high school graduate but to the recruitment of men and women now working as nurses aides; also, more intensive recruitment for students of practical nursing in northwestern and southeastern areas of Vermont.

Recommendation #2 -- Scholarships and Loans

Because of the discontinuance of the stipends to student practical nurses, I recommend that a formal request be made to the Scholarship Assistance Corporation for a sum to be set aside specifically for practical nursing students; also, that a change be made in Title 16, Chapter 79, § 2531a, Vermont Education Laws, so that Senatorial Scholarships can be made available to students of practical nursing.

Recommendation #3 -- Administration and Organization

A. Staffing at the State Level: Because of the increase in the need in the health services field and because the health services field is a specialized and complex area of education, it is imperative that a supervisor of Health Occupations be placed on a permanent status under the classified personnel system. Further, in order that the continuity of the health program services will be insured, I recommend that the supervisor of the Health Occupations position be placed on a permanent status under the classified personnel system as of August 15, 1966, at which time the present temporary position of Supervisor of Health Occupations expires.

(1) The minimum qualifications of this person should include:

Experience a. Not less than two years of teaching in a school of nursing;

b. Experience in coordination, administration or supervision in nursing within the last ten years.

Education a. A graduate of an accredited college or university with a baccalaureate degree and should have at least nine hours of credit in courses related to education.

License a. Holds a current license to practice as a registered nurse in Vermont.

(2) I recommend that Health Occupations become a distinct unit within the Division of Vocational Education and that the State organizational plan for the staff be revised to indicate that the Supervisor of Health Occupations is on the same supervisory level as all other supervisors in the Division of Vocational Education so that it more accurately reflects the pattern of responsibility.

(3) Because of the lack of educational facilities for instructors of practical nursing, I recommend that a teacher-trainer in Health Occupations be added to the staff in order to conduct in-service education programs for the school staff, conduct continuing education programs for practical nurses under our adult extension programs, and to orient new faculty during pre-service to the Division.

(4) Because of the many detailed reports, correspondence, etc., I recommend that a clerk-stenographer be added to the staff.

B. Staffing at the Local Levels:

Brattleboro - Thompson School for Practical Nurses --

Mrs. Gladys P. Hinds, R.N., Chief
Mrs. Marie Bottigi, R.N., Clinical Instructor, Barre City Hospital
Mrs. Lillian Malnati, R.N., Asst. Clinical Instructor, Barre City Hospital
Mrs. Arlene Winchester, R.N., Asst. Clinical Instructor, Brattleboro Mem. Hospital
Mrs. Helen Philbrick, R.N., Instructor, Thompson School
Mrs. Marjorie Phillips, R.N., Clinical Instructor, Brattleboro Mem. Hospital
Mrs. Amy Yearly, R.N., Instructor, Thompson School
Mrs. Sylvia Morse, R.N., MDTA Instructor, Springfield Hospital

Winooski - Fanny Allen Memorial School for Practical Nurses --

Mrs. Rollande Irvine, R.N., B.S., Chief
Miss Mary Collins, R.N., Asst. Clinical Instructor, Fanny Allen Hospital
Mrs. Shirley Mackin, R.N., Clinical Instructor, Brightlook Hospital
Mrs. Margaret Driscoll, R.N., Instructor, Fanny Allen School
Mrs. Sadie Fitzgerald, R.N., Instructor, Fanny Allen School
Miss Alexina Ledoux, R.N., Asst. Clinical Instructor, Brightlook Hospital
Mrs. Joyce Morrell, R.N., Clinical Instructor, Fanny Allen Hospital
Miss Alita Pinkham, R.N., Clinical Instructor, Mary Fletcher Hospital
Miss Pamela Heinrich, R.N., MDTA Instructor, DeGoesbriand Hospital
Miss Mary Lashway, R.N., MDTA Instructor, DeGoesbriand Hospital
Miss Gertrude Zola, R.N., Asst. MDTA Instructor, DeGoesbriand Hospital

C. It is anticipated that the practical nursing program, presently funded under MDTA and in operation at Springfield Hospital, will be discontinued in November 1967; and due to the reduction of Manpower activities, it is questionable that MDTA can continue its operation at Springfield Hospital. I recommend that Springfield Hospital be brought into the regular practical nursing program at Thompson School for Practical Nurses as a cooperating hospital.

D. I recommend an even closer relationship between the school faculty and the nursing service personnel so that the educational philosophy and objectives of the school can be more closely intertwined with the experiences available in nursing service and that the emphasis be placed upon the necessary educational experiences for the student rather than on service rendered to the hospital.

Recommendation #4 -- Workshop for Faculty

Since there are no facilities either in Vermont or the New England region for the education of instructors of practical nursing, I recommend that short-term workshops similar to the California study* be conducted for the instructors of practical nursing. These workshops are in no way intended as a replacement for formal courses of education but developed to be sure that instructors are abreast of current trends in nursing and nursing education.

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* Improving Instruction in Vocational Nursing, Sponsored by The Bureau of Industrial Education, California State Department of Education; Conducted by the Division of Vocational Education, University of California, Los Angeles, 1964.

Recommendation #5 -- Curriculum

A. Because of the rapid changes in the health field, I recommend that a continuing study of the practical nursing curriculum be made in order to reflect those changes. The present curriculum for practical nursing includes four basic nursing fields: (1) Medical nursing; (2) Surgical nursing; (3) Obstetrical nursing; (4) Pediatric nursing. Because of the anticipated drop in the birth rate, it might be more expedient to shorten the course in maternity nursing and place more emphasis on the curriculum in the area of geriatric nursing, long-term illnesses, and rehabilitation nursing within the scope of practical nursing.

B. Also, I recommend further function studies of the practical nurse graduates be carried out periodically and that the questionnaires be sent to both the employee and employer of practical nurses in order to determine how well the graduates are functioning in nursing service, where they are employed, how well the practical nursing program prepared them for their assigned functions, as well as for their performance on the State Board Examinations for practical nurses.

C. I also recommend that:*

(1) Students be assigned fewer cases and a longer time be spent with each patient as needed.

(2) There be increased use of the conference method of teaching students.

(3) The focus of the practical nurses' education continue to be on the direct care of patients in all age groups with common types of illnesses.

(4) The direction of the educational program for practical nursing students be from the well patient to the mildly ill patient to the assistant role of the practical nurse with the critically ill patient.

(5) The continued use of the problem-solving approach to nursing situations, self direction and self evaluation be employed.

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* Based in part on the ANA Conference on Practical Nurse Education.

(6) There be an identification and sharing of the common features of nursing care with reference to health, duration of illness, medical and nursing care plans, and the uniqueness of the person being cared for by the practical nurse.

D. I further recommend:

(1) That a curriculum guide be developed by the Supervisor of Health Occupations in cooperation with the school faculties.

(2) That there be a more flexible schedule for clinical experiences so that the 3 p.m. to 11 p.m. shift and the weekends can be utilized for student experiences and that the instructor be compensated at a higher rate of pay for the supervision of students on these shifts.

(3) That two classes a year and larger classes be considered so that the faculty can attend workshops and obtain further educational preparation, provide time for curriculum development, and so that the instructors in the basic schools can spend time in the clinical area of the hospital in order to more realistically assess the curriculum needs. It would be administratively more efficient since the schools would have only two admissions a year instead of three and two graduations a year instead of three. Scholarship grants could be obtained more easily, and there would be no need for special examination sessions by the Vermont Board of Nurses.

(4) The "Ad Hoc" Committee has recommended the ratio of faculty to students should be one to eight in the clinical area of the cooperating hospitals. The factors to be considered in addition to the number of enrolled students are the total responsibilities of the faculty and the location of the clinical areas used. I recommend that one faculty to eight students is a proper goal for the clinical area in the cooperating hospitals.

Recommendation #6 -- Personal Services

After the FY 1967, I recommend that all personal services for the practical nursing program be financed from State and Federal funds.

Recommendation #7 -- Policy Manual

As soon as possible, I recommend that a state policy manual for practical nursing be developed in order to implement the policies of the Division of Vocational Education.

Recommendation #8 -- Program Expansion

The chief concern of nursing is that the people of Vermont receive the best possible nursing care. In order to do this, it will require increasing numbers of nursing personnel with quality preparation to meet the health needs of a community and to meet the needs of the institutions and agencies providing nursing services; therefore, I recommend:

A. Short-Term Goals

1. That the present schools of practical nursing be utilized to their fullest extent possible because they are well-established programs and that the facilities of other neighboring hospitals be explored in order to serve as cooperating hospitals since the present clinical facilities, especially in the Burlington area, are overcrowded with students.

2. "More than 3/4 of the curriculums in the majority of schools continue to focus on the nursing of patients who are acutely ill and hospitalized, yet more than 90% of persons under health care are neither."* Therefore, I recommend that nursing homes, child health programs, nursery schools, and other facilities be explored and approved by the Vermont Board of Nursing for student experiences.

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* Education for Nursing, American Journal of Nursing, December 1965, Page 111.

B. Long-Term Goals

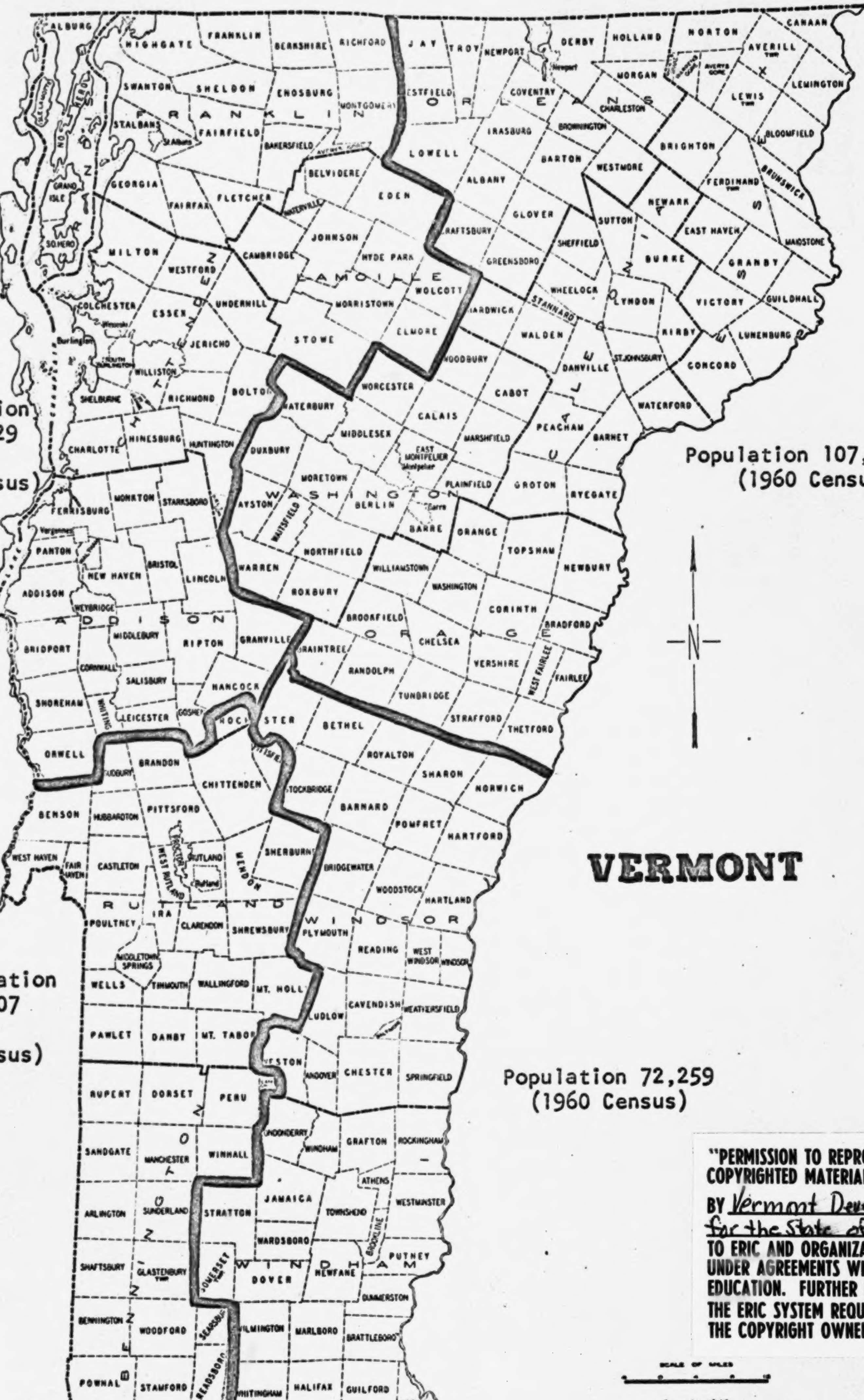
Because all levels of nursing should eventually be within the educational system of this country:

1. I recommend as soon as the area vocational-technical centers are established in Vermont that plans be made for an orderly transition from the present system of practical nurse education into and through the public school systems.

The Nurse Practice Act places practical nurse education at the post-high school level; therefore, the practical nurse and most other Health Occupations programs would need to follow the development of programs at the secondary level in the vocational-technical centers when they are established.

2. I recommend that further thought and study be given to the location of the basic schools of practical nursing, the distance the directors (chiefs) travel to the cooperating hospitals for supervision of faculty and students, and to the possibility of a third school of practical nursing in the northeastern section of Vermont. (See Exhibit #10 , Map of Vermont; Exhibit #11, Population, Hospitals and Schools of Practical Nursing by County.)

EXHIBIT #10


VERMONT
N
FRANKLIN
ORLEANS
ESSEX
GRAND ISLE
LAMOILLE
CHITTENDEN
CALEDONIA
WASHINGTON
ADDISON
ORANGE
RUTLAND
WINDSOR
BENNINGTON
WINDHAM
ALBURG
HIGHGATE
FRANKLIN
BERKSHIRE
RICHFORD
JAY
TROY
NEWPORT
DERBY
HOLLAND
NORTON
CANAAN
AVERILL
SWANTON
SHELDON
ENOSBURG
MONTGOMERY
WESTFIELD
COVENTRY
MORGAN
CHARLESTON
LEWIS
LEMINGTON
ST. ALBANS
FAIRFIELD
BAKERSFIELD
LOWELL
IRASBURG
BROWNINGTON
BRIGHTON
BLOOMFIELD
BELVIDERE
EDEN
ALBANY
BARTON
WESTMORE
FERDINAND
BRUNSWICK
GEORGIA
FAIRFAX
FLETCHER
WATERVILLE
JOHNSON
CRAFTSBURY
GLOVER
SUTTON
NEWARK
EAST HAVEN
MAIDSTONE
NORTH HERO
SOUTH HERO
MILTON
WESTFORD
CAMBRIDGE
HYDE PARK
WOLCOTT
GREENSBORO
SHEFFIELD
BURKE
GRANBY
GUILDHALL
COLCHESTER
ESSEX
UNDERHILL
MORRISTOWN
HARDWICK
WHEELOCK
STANNARD
LYNDON
VICTORY
LUNENBURG
Burlington
SOUTH BURLINGTON
JERICHO
STOWE
ELMORE
WALDEN
KIRBY
WILLISTON
RICHMOND
BOLTON
WATERBURY
WORCESTER
WOODBURY
DANVILLE
ST. JOHNSBURY
CONCORD
SHELBURNE
HINESBURG
HUNTINGTON
DUXBURY
MIDDLESEX
CALAIS
CABOT
PEACHAM
WATERFORD
BARNET
CHARLOTTE
EAST MONTPELIER
Montpelier
MARSHFIELD
FERRISBURG
MONKTON
STARKSBORO
FAYSTON
MORETOWN
BERLIN
PLAINFIELD
GROTON
RYEGATE
Vergennes
WAITSFIELD
Barre
BARRE
ORANGE
TOPSHAM
PANTON
NEW HAVEN
BRISTOL
LINCOLN
WARREN
NORTHFIELD
WILLIAMSTOWN
NEWBURY
ADDISON
WEYBRIDGE
ROXBURY
WASHINGTON
CORINTH
MIDDLEBURY
RIPTON
GRANVILLE
BRAINTREE
BROOKFIELD
CHELSEA
BRADFORD
BRIDPORT
CORNWALL
SALISBURY
HANCOCK
RANDOLPH
VERSHIRE
WEST FAIRLEE
FAIRLEE
SHOREHAM
WHITING
LEICESTER
GOSHEN
ROCHESTER
BETHEL
TUNBRIDGE
STRAFFORD
THETFORD
ORWELL
SUDBURY
BRANDON
PITTSFIELD
ROYALTON
SHARON
NORWICH
BENSON
HUBBARDTON
CHITTENDEN
STOCKBRIDGE
BARNARD
POMFRET
HARTFORD
WEST HAVEN
FAIR HAVEN
CASTLETON
PROCTOR
WEST RUTLAND
RUTLAND
Rutland
MENDON
SHERBURNE
BRIDGEWATER
WOODSTOCK
HARTLAND
POULTNEY
IRA
CLARENDON
SHREWSBURY
PLYMOUTH
READING
WEST WINDSOR
WINDSOR
MIDDLETOWN SPRINGS
WELLS
TINMOUTH
WALLINGFORD
MT. HOLLY
CAVENDISH
WEATHERSFIELD
LUDLOW
PAWLET
DANBY
MT. TABOR
WESTON
ANDOVER
CHESTER
SPRINGFIELD
RUPERT
DORSET
PERU
LANDGROVE
LONDONDERRY
WINDHAM
GRAFTON
ROCKINGHAM
SANDGATE
MANCHESTER
WINHALL
ATHENS
JAMAICA
TOWNSHEND
WESTMINSTER
ARLINGTON
SUNDERLAND
STRATTON
BROOKLINE
WARDSBORO
PUTNEY
SHAFTSBURY
GLASTENBURY
SOMERSET
DOVER
NEWFANE
DUMMERSTON
BENNINGTON
WOODFORD
SEARSBURG
WILMINGTON
MARLBORO
BRATTLEBORO
POWNAL
STAMFORD
READSBORO
WHITINGHAM
HALIFAX
GUILFORD
VERNON
SCALE OF MILES
0
10

Population 137,929 (1960 Census)

Population 107,886 (1960 Census)

Population 71,807 (1960 Census)

Population 72,259 (1960 Census)

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EXHIBIT #11

POPULATION, HOSPITALS AND SCHOOLS OF PRACTICAL NURSING IN VERMONT BY COUNTY ACCORDING TO THE 1960 CENSUS

School

Fanny Allen Memorial School for Practical Nurses

Grand Isle	2,927
Franklin	29,474
LaMoille	11,027
Chittenden	74,425
Addison	20,076
	137,929

Hospitals

1. Kerbs Memorial Hospital, St. Albans
2. St. Albans Hospital, St. Albans
3. DeGoesbriand Hospital, Burlington
4. Mary Fletcher Hospital, Burlington
5. Fanny Allen Hospital, Burlington
6. Porter Hospital, Middlebury
7. Copley Hospital, Morrisville

School

None

Orleans	20,143
Caledonia	22,786
Washington	42,860
Orange	16,014
Essex	6,083
	107,886

Hospitals

8. Brightlook Hospital, St. Johnsbury
9. St. Johnsbury Hospital, St. Johnsbury
10. Orleans County Hospital, Newport
11. Broadview Hospital, Newport
12. Barre City Hospital, Barre
13. Heaton Hospital, Montpelier
14. Gifford Hospital, Randolph
15. Hardwick Hospital, Hardwick
16. Mayo Memorial Hospital, Northfield

School

Putnam School for Practical Nurses

Rutland	25,088
Bennington	46,719
	71,807

Hospitals

17. Putnam Memorial Hospital, Bennington
18. Rutland Hospital, Rutland

School

Thompson School for Practical Nurses

Windsor	42,483
Windham	29,776
	72,259

Hospitals

19. Brattleboro Memorial Hospital, Brattleboro
20. Springfield Hospital, Springfield
21. Rockingham Hospital, Bellows Falls
22. Veterans' Hospital, White River Jct.
23. Grace Cottage Hospital, Townsend

TOTAL	389,881

Recommendation #9 -- Memorandum of Agreements

Contractual agreements with cooperating agencies have been reviewed and revised at various times throughout the year. I recommend that all contractual agreements be reviewed and revised annually at the end of each fiscal year.

XIII. APPENDIX

NATIONAL LEAGUE FOR NURSING
Department of Practical Nursing Programs
10 Columbus Circle, New York 19, N. Y.

CHARACTERISTICS OF EDUCATION FOR PRACTICAL NURSING

There are basic health needs which are common to people of all age groups and to those with deviations from health in all settings. Within this broad scope there are certain needs which the practical nurse can be prepared to meet as she works with others in assisting the patient in his return to and maintenance of optimum health and functioning. Practical nursing today has become an integral and essential part of all nursing.

Educational programs in practical nursing are designed to meet the need in nursing services for a worker who will share in the giving of direct care to patients. They are intended for individuals who will find satisfaction (1) in nursing functions consistent with short-term preparation and (2) in practicing nursing within a limited range of situations for which patients require care.

Programs that prepare students in practical nursing are self-contained, complete, and satisfactory for their purposes. Students' educational experiences focus on learning to nurse patients in carefully selected situations and center on direct patient care. Although there is a base common to all programs, there is flexibility in objectives and program planning. Appropriate basic concepts in the biological and behavioral sciences and in nursing are related to the care of selected patients of all age groups with common deviations from health.

The characteristics of good practical nursing education are similar to those of other educational programs of less than college level which prepare students for various occupational fields. Practical nursing education is characterized by:

1. Organization in a program of correlated theory and practice, usually one year in length, and approved by a state board of nursing.

2. Location in various settings and operated under diverse administrative controls, such as public vocational education, hospitals, and other community agencies.

3. Selection of students of wide age range, usually 18-50, with abilities to complete the program of study and become competent practitioners of practical nursing. The educational background required by state boards of nursing and individual schools varies from completion of the 8th grade to completion of high school. The trend is towards completion of high school or its equivalent.

4. Development, within the scope of the program, of the potentials of students as learners of practical nursing, as persons, and as members of society.

5. Instruction throughout the entire program by well-qualified faculty.

6. Theory and practice in the care of patients are blended into a sequence of selected learning experiences, proceeding from the simple to the more complex, in such manner as to produce an effective practitioner within the defined scope.

7. Use of clinical resources, within the agency and community, which are essential for observation and practice in those skills which the student of practical nursing must acquire.

8. Provision of opportunity for developing knowledges, skills, and attitudes necessary to the beginning practice of practical nursing, laying the foundation for added learning in employment.

Satisfactory completion of the described program qualifies the graduate to take the state examination for licensure as a practical nurse in the state where the program is located.

Graduates are prepared for two roles:

1. Under the supervision of a registered nurse or a physician, to give nursing care to patients in situations relatively free of scientific complexity.

2. In a close working relationship, to assist registered nurses in giving nursing care to patients in more complex situations.

Newly graduated practical nurses are beginning practitioners who can give competent and safe care within the limits for which they have been prepared; expertness should develop through further experiences and practice. Employing agencies should provide planned programs of inservice education for orientation to the agency and for instruction in additional skills which are within the scope of practical nursing and peculiar to the agency.

American Nurses' Association, Inc.
10 Columbus Circle, New York, N. Y. 10019

STATEMENT OF FUNCTIONS OF THE LICENSED PRACTICAL NURSE

This statement, which was adopted in 1957, was approved by the Executive Board of the National Federation of Licensed Practical Nurses in October 1963, and by the Board of Directors of the American Nurses' Association in January 1964.

Purpose

This statement is intended to serve as a guide to:

1. The utilization of the licensed practical nurse in nursing services.
2. Self-evaluation of practice by the licensed practical nurse.
3. Development and evaluation of educational standards in the preparation of the licensed practical nurse.
4. Interpretation of licensing legislation.

Education and Licensure

The LPN should be prepared and qualified for nursing practice by:

1. Education
    a. Preservice preparation in a program in practical nursing approved by the state board of nursing.
    b. Orientation and continuing inservice education.
    c. Instruction, within the scope of practical nursing, of the practitioner who qualifies for further training in specialized fields peculiar to the agency.
2. Licensure by state board of nursing.

Personal Qualifications

Personal and vocational growth and development should be sustained by:

1. Maintenance of good health practices.
2. Active participation in and the promotion of nursing organizations; inservice education programs; workshops; institutes; other educational and community activities.

Role Description

The work of the LPN is an integral part of nursing. The licensed practical nurse gives nursing care under the supervision of the registered professional nurse or physician to patients in simple nursing situations. In more complex situations the licensed practical nurse functions as an assistant to the registered professional nurse.

A simple nursing situation is one that is relatively free of scientific complexity. In a simple nursing situation the clinical state of the patient is relatively stable and the measures of care offered by the physician require abilities based on a comparatively fixed and limited body of scientific facts and can be performed by following a defined procedure step by step. Measures of medical and personal care are not subject to continuously changing and complex modifications because of the clinical or behavioral state of the patient. The nursing that the patient requires is primarily of a physical character and not instructional.

In more complex situations, the licensed practical nurse facilitates patient care by meeting specific nursing requirements of patients as directed, such as preparing equipment, supplies and facilities for patient care, helping the professional nurse to perform nursing measures, and communicating significant observations to the registered professional nurse.

Legal Status

The legal responsibility of the LPN extends to two areas:

1. Licensure to practice practical nursing according to state law.
2. Performance limited to those acts for which he or she has been prepared.

Although it is true that the LPN's responsibility extends to these two areas, bearing in mind the individual's personal responsibility under the law, it is equally true that the professional nurse has ultimate responsibility for nursing service, including the responsibility for assignment of all nursing personnel.

Functions

The selection of the functions or the specific procedures to be performed by the LPN depends upon a realistic appraisal of the elements within the situations, such as the complexity of scientific principles underlying the procedure or function; the ability and skills the LPN has acquired and demonstrated; the amount and character of the supervision required by the LPN to perform the functions; and the patients' needs and the ability of the LPN to provide safe nursing care to meet those needs.

In this context, the LPN performs the following functions:

A. Participates in the planning, implementation, and evaluation of nursing care in complex situations, and in giving nursing care in simple nursing situations by:
   1. Providing for the emotional and physical comfort and safety of patients through:
      a. Understanding of human relationships between and among patients, families and personnel.
      b. Recognizing and understanding cultural backgrounds, spiritual needs; respecting the religious beliefs of individual patients.
      c. Recognizing and understanding the effects of social and economic problems upon patients.
      d. Protecting patients from behavior that would damage their self-esteem or relationship with families, other patients or personnel.
      e. Participating in the development, revision, and implementation of policies and procedures designed to insure comfort and safety of patients and personnel.
      f. Assisting the patient with activities of daily living and encouraging appropriate self-care.
      g. Considering needs of the patient for an attractive, comfortable and safe environment.

For effective practice the LPN must know and utilize fundamental principles of human behavior and have an appreciation of the effects of stress upon individuals and groups.

A practical understanding of human growth and behavior makes it possible to note signs of change or disturbance in the patient's activity patterns. These may relate to illness, to individual responses to the institutional environment, and to personnel.

Representation and participation on committees and in conferences relevant to personnel and nursing care utilizes staff resources to develop a mutual understanding of the individual's role and responsibility in nursing service, e.g. a Committee on Infection Control.

2. Observing, recording and reporting to the appropriate person:
    a. General physical and mental condition of patients, signs and symptoms which may be indicative of change.
    b. Stresses in human relationships between patients and patients' families, visitors and personnel.
3. Performing nursing procedures for which the preparation of the LPN has provided the necessary degree of skill and judgment, such as:
    a. Administration of medications and treatments prescribed for the patient.
    b. Preparation and care of patients receiving specialized treatments.
    c. Performance of special nursing techniques in caring for patients with communicable diseases.
    d. Practice of first-aid measures.
    e. Preparation and after care of equipment for treatments, including sterilization and observation of aseptic techniques.
4. Assisting with the rehabilitation of patients according to the patient care plan through:
    a. Awareness of and encouraging the interests and special aptitudes of patients.
    b. Encouraging patients to help themselves within their own capabilities in performing activities of daily living.
    c. Knowledge and application of the principles of prevention of deformities; the normal range of motion; body mechanics and body alignment.
    d. Utilizing the community resources and facilities for continuing patient care.

B. Promoting effectiveness of the employing health service agency through:
    1. Utilizing opportunities in contacts with patients' relatives to promote better understanding of policies pertaining to the health service.
    2. Fostering cooperative effort through understanding the functions of all personnel involved in patient care.
    3. Utilizing community resources and relationships for better understanding by the public of health services.

LICENSED PRACTICAL NURSES

County	Number
Addison	40
Bennington	99
Caledonia	56
Chittenden	256
Franklin	102
Grand Isle	5
Essex	8
Lamoille	42
Orange	28
Orleans	57
Washington	149
Windham	168
Windsor	103
Rutland	104
Total	1,217

Currently, there are 1,393 practical nurses licensed in Vermont.

Practical) 1,217 in state
Nurses) 176 out of state
1,393 Total

(We have no current figures as to how many nurses are active or inactive in nursing)

Currently, there are 3,519 registered nurses in Vermont.

Registered) 2,798 in state
Nurses) 721 out of state
3,519 Total

(We have no current figures as to how many nurses are active or inactive in nursing)

July 1966

THOMPSON SCHOOL CLASS SCHEDULE
July, 1966 - July, 1967

Weeks --	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	TOTAL HRS.
Orientation	7																7
Per. & Com. Health & Pre. Nat. Care	1	3	3	2	2	3	2	2	2	2	3	2	3	2	END		32
Anatomy-Embryonic Develop.	2	2	2	3	3	3	2	3	3	2	2	2	3	1	END		33
Vocational & Personal Relations	3	2	2	3	3	2	2	2	3	2	2	2	2	1	1	END	32
Conditions of Illness	0	0	0	0	0	1	3	2	2	2	3	2	3	4	2	0	24
Sociology	1	2	5	2	END	0	0	0	0	0	0	0	0	0	0	0	10
Pediatrics	0	0	0	1	2	3	3	1	2	2	2	2	2	0	0	0	20
Geriatrics	2	3	3	2	END	0	0	0	0	0	0	0	0	0	0	0	10
Rehabilitation	0	0	0	0	0	0	2	2	2	2	0	2	0	0	0	0	10
Mental Hygiene	0	0	0	0	0	0	0	0	0	0	1	2	8	0	0	0	11
Pharmacology	0	0	0	0	0	0	1	1	2	2	2	2	3	4	3	0	20
Nutrition-Theory	0	3	2	3	2	2	2	2	2	2	2	2	0	0	0	0	24
Nurs. Arts Skills, Theory	3	5	5	5	5	5	3	4	4	1	3	2	1	5	5	1	57
Nurs. Arts Skills, Instruc. Demon.	3	5	5	5	5	5	3	4	4	3	5	4	1	5	5	0	62
Nurs. Arts Skills, Stud. Prac. Demon.	3	5	5	5	7	5	5	4	4	3	5	4	2	5	10	10	82
Nurs. Arts Skills, T. House & Hosp.	0	0	0	0	5	5	5	5	5	4	5	5	5	5	5	5	59
Study, Field Trips, Ind. Conf.	3	5	3	4	1	1	2	3	0	1	0	2	2	3	4	19	53
Dinner	4	5	5	5	5	5	5	5	5	4	5	5	5	5	5	5	78
Holidays	8	0	0	0	0	0	0	0	0	8	0	0	0	0	0	0	16
TOTAL	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	40	640

1966

1st WEEK

	July 4 Monday	July 5 Tuesday	July 6 Wednesday	July 7 Thursday	July 8 Friday
8-9 :	Holiday	Orientation, Coffee Hr. to Welcome Students	Vocational & Personal Relations	Personal & Community Health	Vocational & Personal Relations
9-10 :	"	Distribution of Textbooks and uniforms	Geriatrics	Vocational & Personal Relations	Geriatrics
10-11:	"	" "	Anatomy	Sociology	Anatomy
11-12:	"	" "	Study	Study	Study
12-1 :	"	Dinner	Dinner	Dinner	Dinner
1-2 :	"	Keys, Introduce Staff, Dormitory and School Rules, In-	Orientation to Nursing Arts	Nursing Arts	Nursing Arts
2-3 :	"	surance and Doctor's Appointments, etc.	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.
3-4 :	"	" "	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.

1966

2nd WEEK

July 11 Monday	July 12 Tuesday	July 13 Wednesday	July 14 Thursday	July 15 Friday
8-9 : Personal & Community Health	Anatomy	Personal & Community Health	Anatomy	Personal & Community Health
9-10 : Nutrition	Vocational & Personal Relations	Nutrition	Vocational & Personal Relations	Nutrition
10-11: Geriatrics	Sociology	Geriatrics	Sociology	Geriatrics
11-12: Study	Study	Study	Study	Study
12-1 : Dinner	Dinner	Dinner	Dinner	Dinner
1-2 : Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.
2-3 : Nursing Arts Instructors Demon.	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.
3-4 : Student Nursing Arts Prac. and Demon.	Student Nursing Arts Prac. and Demon.	Student Nursing Arts Prac. and Demon.	Student Nursing Arts Prac. and Demon.	Student Nursing Arts Prac. and Demon.

1966

3rd WEEK

July 18 Monday	July 19 Tuesday	July 20 Wednesday	July 21 Thursday	July 22 Friday
8-9 : Personal & Community Health	Anatomy	Personal & Community Health	Anatomy	Sociology
9-10 : Sociology	Vocational & Personal Relations	Nutrition	Vocational & Personal Relations	Personal & Community Health
10-11: Study	Geriatrics	Geriatrics	Study	Geriatrics
11-12: Nutrition	Sociology	Sociology	Sociology	Study
12-1 : Dinner	Dinner	Dinner	Dinner	Dinner
1-2 : Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.
2-3 : Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.
3-4 : Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.

1966

4th WEEK

	July 25 Monday	July 26 Tuesday	July 27 Wednesday	July 28 Thursday	July 29 Friday
8-9 :	Personal & Community Health	Anatomy	Anatomy	Anatomy	Personal & Community Health
9-10 :	Sociology	Vocational & Personal Relations	Vocational & Personal Relations	Vocational & Personal Relations	Geriatrics Final Exam
10-11:	Study	Sociology	Geriatrics	Pediatrics	Study
11-12:	Nutrition	Study	Nutrition	Study	Nutrition
12-1 :	Dinner	Dinner	Dinner	Dinner	Dinner
1-2 :	Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.
2-3 :	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.
3-4 :	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.

1966

5th WEEK

August 1 Monday	August 2 Tuesday	August 3 Wednesday	August 4 Thursday	August 5 Friday
8-9 : Orientation to Thompson House	Thompson House	Thompson House	Thompson House	Thompson House
9-10 : Personal & Community Health	Anatomy	Anatomy	Anatomy	Personal & Community Health
10-11: Nursing Arts Prac.	Vocational & Personal Relations	Vocational & Personal Relations	Vocational & Personal Relations	Nutrition
11-12: Nursing Arts Prac.	Pediatrics	Nutrition	Pediatrics	Study
12-1 : Dinner	Dinner	Dinner	Dinner	Dinner
1-2 : Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.
2-3 : Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.
3-4 : Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.

1966

6th WEEK

August 8 Monday	August 9 Tuesday	August 10 Wednesday	August 11 Thursday	August 12 Friday
8-9 : Thompson House	Thompson House	Thompson House	Thompson House	Thompson House
9-10 : Pediatrics	Anatomy	Anatomy	Anatomy	Personal & Community Health
10-11: Nutrition	Personal & Community Health	Nutrition	Personal & Community Health	Pediatrics
11-12: Study	Vocational & Personal Relations	Pediatrics	Vocational & Personal Relations	Conditions of Illness
12-1 : Dinner	Dinner	Dinner	Dinner	Dinner
1-2 : Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.
2-3 : Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.
3-4 : Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.

1966

7th WEEK

August 15 Monday	August 16 Tuesday	August 17 Wednesday	August 18 Thursday	August 19 Friday
8-9 : Thompson House	Thompson House	Thompson House	Thompson House	Thompson House
9-10 : Conditions of Illness	Anatomy	Conditions of Illness	Anatomy Mid-Term Exam	Conditions of Illness
10-11: Pediatrics	Vocational & Personal Relations	Pediatrics	Study	Pediatrics
11-12: Nutrition	Personal & Community Health	Nutrition	Vocational & Personal Relations	Personal & Community Health
12-1 : Dinner	Dinner	Dinner	Dinner	Dinner
1-2 : Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.	Rehabilitation	Rehabilitation
2-3 : Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Prac.	Pharmacology
3-4 : Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.	Study

1966

8th WEEK

August 22 Monday	August 23 Tuesday	August 24 Wednesday	August 25 Thursday	August 26 Friday
8-9 : Thompson House	Thompson House	Thompson House	Thompson House	Thompson House
9-10 : Personal & Community Health Mid-Term Exam	Anatomy	Personal & Community Health	Anatomy	Nutrition
10-11: Study	Vocational & Personal Relations	Anatomy	Vocational & Personal Relations Mid-Term Exam	Pediatrics
11-12: Nutrition	Conditions of Illness	Conditions of Illness	Study	Rehabilitation
12-1 : Dinner	Dinner	Dinner	Dinner	Dinner
1-2 : Nursing Arts Lec.	Nursing Arts Lec.	Pharmacology	Nursing Arts Lec.	Nursing Arts Lec.
2-3 : Nursing Arts Demon.	Nursing Arts Demon.	Rehabilitation	Nursing Arts Demon.	Nursing Arts Demon.
3-4 : Nursing Arts Prac.	Nursing Arts Prac.	Study	Nursing Arts Prac.	Nursing Arts Prac.

1966

9th WEEK

August 29 Monday	August 30 Tuesday	August 31 Wednesday	September 1 Thursday	September 2 Friday
8-9 : Orientation to Hosp.	Hospital	Hospital	Hospital	Hospital
9-10 : Personal & Community Health	Anatomy	Anatomy	Anatomy	Personal & Community Health
10-11: Nutrition	Vocational & Personal Relations	Vocational & Personal Relations	Vocational & Personal Relations	Nutrition
11-12: Conditions of Illness	Pediatrics	Conditions of Illness	Pediatrics	Pharmacology
12-1 : Dinner	Dinner	Dinner	Dinner	Dinner
1-2 : Nursing Arts Lec.	Pharmacology	Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.
2-3 : Nursing Arts Demon.	Rehabilitation	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.
3-4 Nursing Arts Prac.	Rehabilitation	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.

1966

10th WEEK

	September 5 Monday	September 6 Tuesday	September 7 Wednesday	September 8 Thursday	September 9 Friday
8-9 :	Holiday	Thompson House	Thompson House	Thompson House	Thompson House
9-10 :	"	Anatomy	Personal & Community Health	Anatomy	Personal & Community Health
10-11:	"	Vocational & Personal Relations	Conditions of Illness	Vocational & Personal Relations	Conditions of Illness
11-12:	"	Nutrition	Pediatrics	Nutrition	Pediatrics
12-1 :	"	Dinner	Dinner	Dinner	Dinner
1-2 :	"	Rehabilitation	Pharmacolocy	Pharmacology	Nursing Arts Lec.
2-3 :	"	Field Trip	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.
3-4 :	"	Study	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.

1966

11th WEEK

September 12 Monday	September 13 Tuesday	September 14 Wednesday	September 15 Thursday	September 16 Friday
8-9 : Hospital	Hospital	Hospital	Hospital	Hospital
9-10 : Personal & Community Health	Anatomy	Personal & Community Health	Anatomy	Personal & Community Health
10-11: Conditions of Illness	Vocational & Personal Relations	Conditions Of Illness	Vocational & Personal Relations	Conditions Of Illness
11-12: Nutrition	Pediatrics	Nutrition	Pediatrics	Mental Hygiene
12-1 : Dinner	Dinner	Dinner	Dinner	Dinner
1-2 : Nursing Arts Lec.	Pharmacology	Nursing Arts Lec.	Pharmacology	Nursing Arts Lec.
2-3 : Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.
3-4 : Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.

1966

12th WEEK

September 19 Monday	September 20 Tuesday	September 21 Wednesday	September 22 Thursday	September 23 Friday
8-9 : Thompson House	Thompson House	Thompson House	Hospital	Hospital
9-10 : Personal & Community Health	Anatomy	Nutrition Final Exam	Anatomy	Personal & Community Health
10-11: Conditions of Illness	Vocational & Personal Relations	Study	Vocational & Personal Relations	Mental Hygiene
11-12: Nutrition	Pediatrics	Conditions of Illness	Pediatrics	Mental Hygiene
12-1 : Dinner	Dinner	Dinner	Dinner	Dinner
1-2 : Nursing Arts Lec.	Pharmacology	Pharmacology	Rehabilitation	Nursing Arts Lec.
2-3 : Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.	Austine School	Austine School
3-4 : Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.	Study	Study

1966

13th WEEK

	September 26 Monday	September 27 Tuesday	September 28 Wednesday q	September 29 Thursday	September 30 Friday
8-9 :	Hospital	Hospital	Hospital	Hospital	Hospital
9-10 :	Personal & Community Health	Anatomy	Anatomy	Anatomy	Personal & Community Health
10-11:	Conditions of Illness	Vocational & Personal Relations	Personal & Community Health	Pediatrics Final Exam	Conditions of Illness
11-12:	Pediatrics	Pharmacology	Conditions of Illness	Study	Vocational & Personal Relations
12-1 :	Dinner	Dinner	Dinner	Dinner	Dinner
1-2 :	Mental Hygiene	Mental Hygiene	Mental Hygiene	Mental Hygiene	Nursing Arts Lec.
2-3 :	Mental Hygiene	Mental Hygiene	Mental Hygiene	Mental Hygiene	Nursing Arts Demon.
3-4 :	Pharmacology	Study	Pharmacology	Nursing Arts Prac.	Nursing Arts Prac.

14th WEEK

October 3 Monday	October 4 Tuesday	October 5 Wednesday	October 6 Thursday	October 7 Friday
8-9 : Hospital	Hospital	Hospital	Thompson House	Thompson House
9-10 : Personal & Community Health	Anatomy	Personal & Community Health Final Exam	Conditions of Illness	Anatomy Final Exam
10-11: Conditions of Illness	Vocational & Personal Relations	Study	Pharmacology	Study
11-12: Pharmacology	Conditions of Illness	Conditions of Illness	Study	Pharmacology
12-1 : Dinner	Dinner	Dinner	Dinner	Dinner
1-2 : Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.
2-3 : Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.
3-4 : Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.

1966

15th WEEK

October 10 Monday	October 11 Tuesday	October 12 Wednesday	October 13 Thursday	October 14 Friday
8-9 : Nursing Arts Prac.	Nursing Arts Prac.	Pharmacology	Nursing Arts Prac.	Nursing Arts Prac.
9-10 : Hospital	Hospital	Hospital	Hospital	Hospital
10-11: Vocational & Personal Relations Exam	Conditions of Illness	Conditions of Illness Exam	Nursing Arts Prac.	Pharmacology Exam
11-12: Study	Pharmacology	Study	Study	Study
12-1 : Dinner	Dinner	Dinner	Dinner	Dinner
1-2 : Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.	Nursing Arts Lec.
2-3 : Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.	Nursing Arts Demon.
3-4 : Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.	Nursing Arts Prac.

1966

16th WEEK

October 17 Monday	October 18 Tuesday	October 19 Wednesday	October 20 Thursday	October 21 Friday
8-9 : Hospital	Hospital	Hospital	Thompson House	Thompson House
9-10 : Nursing Arts Theory Exam	Examine students in Nursing Arts Lab	Exam in Nursing Arts Lab	Examine students	Return Demonstration and examination
10-11: Study	"	"	"	"
11-12: Nursing Arts Prac. and Demon.	"	"	"	"
12-1 : Dinner	Dinner	Dinner	Dinner	Dinner
1-2 : Exam students in Nursing Arts Lab	Individual Conferences	Individual Conferences	Individual Conferences	Individual Conferences and Inventory
2-3 : "	"	"	"	"
3-4 : "	"	"	"	"

STATE OF VERMONT
STATE DEPARTMENT OF EDUCATION
Montpelier

DEPARTMENTAL MEMORANDUM

DATE: October 6, 1965

SUBJECT: Monthly Report

TO: Mr. Graeme
Dr. Barrows
Mr. Kearns

FROM: (Mrs.) Ruby C. Carr, R. N.

This first report includes tentative plans of procedure for Phase I for the coming year 1965-66 and a list of the "Ad Hoc" Nursing Advisory Committee. Affirmative replies have been received from all but two persons on this list. These two persons have not yet replied to my request for assistance.

I am also including a report on a practical nursing program presented to the State Board of Nursing for their approval. They gave initial approval for this program and the first class of students will enter the program on October 4, 1965.

Subsequent monthly reports to you will deal with any and all progress being made on the attached plan of action material.

Any suggestions or comments from you on any or all of this material will be greatly appreciated by me.

"AD HOC" NURSING ADVISORY COMMITTEE

Mrs. M. Patricia Chase, Exec. Sec.
Vermont State Nurses Assoc., Inc.
187 College Street
Burlington, Vermont

Mrs. Clara Roitero, Exec. Sec.
Vermont Practical Nurses Assoc., Inc.
2 Canal Street
Brattleboro, Vermont

Miss Grace Buttolph, Director
Mary Fletcher Hospital School of Nursing
Burlington, Vermont

Sister M. Ducheneau, Director
Jeanne Mance School of Nursing
North Prospect Street
Burlington, Vermont

Miss Marion Gorham, Chairman
Department of Nursing
Vermont College
Montpelier, Vermont

Mrs. Gladys P. Hinds, Director
Thompson School of Practical Nursing
4 Lexington Avenue
Brattleboro, Vermont

Mrs. Rollande Irvine, Director
Fanny Allen Memorial School for Practical Nursing
101 College Parkway
Winooski, Vermont

Miss Ruth Hulett
Barre City Hospital
Barre, Vermont

Miss Norma Woodruff, Chairman Jean Milligan
Department of Nursing
University of Vermont
Burlington, Vermont

Mrs. Ella Ziter, Director
Brightlook Hospital
St. Johnsbury, Vermont

Miss Phyllis Coburn, Director
Putnam Memorial School for Practical Nursing
Bennington, Vermont

Mrs. Margaret Maddocks
Nursing Home Consultant
Department of Health
State of Vermont

October 1, 1965

SUPERVISOR - HEALTH OCCUPATIONS
Division of Vocational Education
Department of Education
Montpelier, Vermont

PHASE I (Approximate percentages)

70% I. Basic Schools of Practical Nursing and Cooperating Hospitals

- A. (1) Faculty Meetings - Both Schools.
  (2) Field Visits to Cooperating Schools of Practical Nursing.
- B. Joint Meetings with Directors of Both Schools and "Ad Hoc" Advisory Committee.
- C. Teacher-Trainer Sessions.
- D. Graduations of the Two Schools of Practical Nursing.
- E. MDTA Practical Nurse and Aide Program.

20% II. Office Planning

- A. Agenda for Meetings.
- B. Reports.
- C. Develop Materials for Leadership Conferences.
- D. Review Literature and Materials on Practical Nursing.
- E. Correspondence.
- F. Review Position Qualifications.

10% III. Meetings

- A. Vermont Practical Nurse Association, Inc. - Education Committee.
- B. Professional Meetings - Etc.

October 1, 1965

SUPERVISOR OF HEALTH OCCUPATIONS
POSITION DESCRIPTION
PHASE I

The position of Supervisor of Health Occupations has been authorized and appointment made by the Director of Vocational Education for one year (August 1, 1966). Her responsibility will be to study the program of practical nursing in Vermont and possible expansion of programs in the state.

The major goals of the supervisor during 1965-66 will be to:

I. Collect evidence about the practical nursing programs by:

   A - reviewing the present programs in the state including the private school for practical nursing at the Putnam School in Bennington.

   B - examining the curricula in the schools developed in relation to practical nursing.

   C - reviewing materials that have been developed in relation to practical nursing in the United States.

   D - reviewing memoranda of agreements.

   E - examining the staffing patterns in the schools of practical nursing and the cooperating hospitals.

   F - reviewing staff in-service education programs.

   G - reviewing qualifications for staff positions.

   H - reviewing the financial structure of the practical nursing program in Vermont.

II. Draw inferences from the evidence collected and with an "ad hoc" nursing committee consider possible solutions for:

   A - a new state plan for the operation of the practical nursing programs in Vermont, including a possible re-organization and administration of the program.

   B - staffing patterns in the schools, cooperating hospitals and the Division of Vocational Education.

   C - possible expansion of the schools of practical nursing in Vermont; and of the duties of the supervisor in the Division of Vocational Education to include other health occupations.

D - new criteria for the selection of qualified staff.

E - a new financial structure for the program.

III. Meetings

A. Consult with the MDTA Supervisor in regard to the practical nurse and aide programs.

B. Education Committee of the Vermont Practical Nurse Association, Inc.

C. Professional Meetings.

D. Nurse Member of the Governor's Commission on Health Programs in Vermont.

IV. Reports

A. In cooperation with the Director of Vocational Education, a written report will be submitted to the Deputy Commissioner of Education and the Commissioner of Administration once a month in order to keep them informed of any and all progress of the study and a final report will be submitted to the above persons at the end of the year.

STATE OF VERMONT

STATE DEPARTMENT OF EDUCATION

Montpelier, Vermont

TO: William F. Kearns, Jr., Commissioner
Department of Administration
Dr. Max W. Barrows, Deputy Commissioner
Department of Education
Harold F. Graeme, Director
Vocational Education Division

DATE: November 4, 1965

FROM: (Mrs.) Ruby C. Carr, Supervisor
Health Occupations

SUBJECT: Practical Nursing Program
Second Monthly Report

Meetings

A. Fanny Allen Memorial School for Practical Nursing Advisory Committee Meeting - St. Johnsbury, Vt.

Representatives from St. Albans were present at this meeting, primarily to clarify their positions on this committee. They have been very interested and active in the development of the practical nursing program in their area. I feel it is safe to assume that as a result of this meeting, Mr. Graeme and I have been invited to meet with the Board of Trustees of Kerbs Memorial Hospital on the evening of November 17.

The State Board of Nursing has made a survey of the nursing services at Kerbs Memorial Hospital and hopefully, this report will be available to the hospital after the next State Board meeting on November 18.

B. Thompson School for Practical Nursing - Faculty Meeting

At which time, we discussed the roles of the new assistant instructors and their responsibilities in relation to the total instructional program. The faculty continues to revise and update all areas of the instructional program.

The National Association for Practical Nursing Education and Services made a three-day accreditation visit to the school and the cooperating hospitals in October. A report of the visit will be included in future reports.

C. Fanny Allen Memorial School for Practical Nursing - Faculty Meeting

All of the faculty were present and a beginning effort was made toward the revision of the over-all philosophy and objectives for the school.

D. A one-day meeting was held with the directors of the two (2) schools of practical nursing. We revised the qualifications for the nursing chief, nursing instructors and secretaries. The qualifications for the assistant nursing instructors and their position descriptions will be completed when they have been in the positions long enough to develop a position description guide. (Please see attached information re: Qualifications, etc.)

E. Attendance at a meeting on Health Occupations at the Springfield Technical Institute, Springfield, Mass. You will note that the practical nursing program in Springfield, Mass. is conducted through the local school system.

(See attached - TRAINING FOR HEALTH SERVICE OCCUPATIONS, AN ANSWER TO TRAINING NEEDS OF BUSINESS.)

Secretaries Secretarial assistance has been provided for each of the two (2) schools on a permanent basis:

Mrs. Gertrude Hammarlund - Thompson School for Practical Nursing,
Miss Margaret O'Flaherty - Fanny Allen Mem. School for Practical Nursing.

They should relieve, in part, some of the heavy administrative details of processing applications to the school, keeping accounts and answering the endless amount of requests that come over the director's desk.

Budget A modest budget has been submitted in order to update the teaching aids, equipment and library needs of the Fanny Allen School of Practical Nursing.

Cooperating Hospitals A tentative date (November 17) has been set for a meeting with the administrators of all cooperating hospitals in order to discuss memoranda of agreements and the financial support of personal services.

"Ad Hoc" Committee On November 18, 1965, the first meeting of the "Ad Hoc" Nursing Advisory Committee will meet in Montpelier to begin discussions on the future programs of practical nursing in Vermont.

Reports Request has been made to the directors of both schools to submit to this office a brief account of their activities, courses the staff is enrolled in, recommendations, and any other points of interest that they care to include in the report. We will, in the future, meet on a regular basis throughout the year in order to share progress made, problem areas, and to be sure that we are progressing in the same general direction.

Scholarships Scholarship loans to practical nurses through the Vermont Student Assistance Cooperation is, presently, under discussion.

Kerbs Hospital Students There are now only six (6) students completing their work at DeGoesbriand Hospital. With concurrence of the parents, the seventh student was asked to resign from the program due to a variety of valid reasons.

Again, I would appreciate comments and suggestions from your office.

STATE OF VERMONT

STATE DEPARTMENT OF EDUCATION

Montpelier, Vermont

TO: William F. Kearns, Jr., Commissioner
Department of Administration
Dr. Max W. Barrows, Deputy Commissioner
Department of Education
Harold F. Graeme, Director
Vocational Education Division

DATE: December 6, 1965

FROM: (Mrs.) Ruby C. Carr, Supervisor
Health Occupations

SUBJECT: Practical Nursing Program
Third Monthly Report

Kerbs Hospital Board of Trustees

Mr. Graeme and I met with the Board of Trustees of Kerbs Hospital at their request on the evening of November 17th. Please see attached materials (letter from Kerbs and reply from Division of Vocational Education).

Administrators Cooperating Hospitals

The meeting with the administrators was also scheduled on November 17th. Mr. Kearns will already have a letter from Mr. Graeme regarding this meeting. However, for the completeness of this report, please see the copies of this correspondence.

Mary Fletcher Hospital

A meeting was held at the Mary Fletcher Hospital on November 30th. Those present were:

Mr. Harold Graeme, Director, Vocational Education
Mr. Sam Huston, Assistant Administrator of Mary Fletcher Hospital
Miss Sally Sample, Director, Nursing Services
Mrs. Rolland Irvine, Director, Fanny Allen Memorial School for Practical Nursing, Inc.
Mrs. Ruby C. Carr, Supervisor, Health Occupations.

The State Board of Nursing representatives visited Mary Fletcher Hospital on November 10th and gave approval for the hospital to accept practical nursing students as a cooperating hospital for the Fanny Allen School for Practical Nurses.

We discussed the rotation plan for practical nursing students and the memorandum of agreement (see attached copy of the tentative agreement).

Students will begin their clinical experience at Mary Fletcher Hospital on March 7, 1966. The hospital will take eight (8) students with the first class, and hopefully they will be able to increase the number of students in future classes.

"Ad Hoc" Advisory Committee

This Committee met on December 2 in the State Office Building Library. Only four persons were unable to attend the meeting: Two because of other committments and one because of illness and one because of her inability to attend the meeting due to the pressure of work.

In summary: Each of the participants agreed to do some work independently. We will seek information from other states in regard to the administration and organization of practical nursing programs within the educational system. Also, the participants will review practical nursing curricula with a view to making recommendations and revisions in the present curricula in our two (2) vocational schools of practical nursing. (Please see attached agenda for the meeting.)

The next meeting of the committee is planned for January 27.

School Reports

The reports from our two schools for November 1965, are included in this report for background information only.

Included in this report is a pamphlet from our neighboring state of New Hampshire. This is one method of administering a practical nursing program, but not necessarily appropriate for us.

STATE OF VERMONT

STATE DEPARTMENT OF EDUCATION

Montpelier, Vermont

TO: William F. Kearns, Jr., Commissioner
Department of Administration
Dr. Max W. Barrows, Deputy Commissioner
Department of Education
Harold F. Graeme, Director
Vocational Education Division

DATE: January 10, 1966

FROM: (Mrs.) Ruby C. Carr, Supervisor
Health Occupations

SUBJECT: Practical Nursing Program
Fourth Monthly Report

"Ad Hoc" Nursing Advisory Committee Dec. 2, 1965

The Committee plans to study the administration and organization of Practical Nursing Programs within the general education system, including cost and staffing patterns. The first step will be to review similar programs within the United States. The deadline for this Committee's report will be June 1, 1966.

Administrators of Cooperating Hospitals

The date has not yet been confirmed between the Cooperating Hospital Administrators and the Department of Administration.

Fanny Allen Memorial School for Practical Nursing, Inc. Board of Trustees

The Fanny Allen Memorial School for Practical Nursing incorporated in 1959 and has a Board of Trustees. This Board met on December 30 in order to determine the future of this Board. It is still undetermined at this time, but it will depend upon the future organization of the practical nursing program at Fanny Allen.

Memoranda of Agreements

The Attorney General's Office will be contacted for interpretation and guidance before future agreements are made between the facilities housing the practical nursing schools, the cooperating hospitals, and the Division of Vocational Education.

In spite of the fact that the Attorney General has ruled that these programs are State schools located in private facilities, there still remains some confusion as to the policies of each component of the program and the identification of each institution in it.

Fanny Allen Memorial School For Practical Nursing, Inc. Annual Report

(1964-65) "In the past year, this school has received two hundred and fifty-six (256) requests for application to the school. Approximately one hundred and twelve (112) applications were returned to the school and approximately the same number of applicants were interviewed by the Director and subsequently reviewed by the Admissions Committee." Fifty-one (51) applicants were finally admitted to the program.

Thirty-five (35) students took the State Board examination for licensed practical nurses and the average score was 523, (passing score is 350).

The faculty in the past year increased from four (4) instructors and a director to seven (7) instructors and a director plus a full-time secretary.

The increase in instructors certainly has helped in making a sounder program and more job satisfaction. The present staff now includes a director, two (2) pre-clinical instructors and a full-time secretary in the basic school; one (1) instructor and an assistant instructor at Fanny Allen Hospital; one (1) instructor and an assistant instructor at Brightlook Hospital; one (1) instructor will begin at Mary Fletcher Hospital in February 1966 (1 instructor - 8 students).

The nursing staff, with the exception of two (2) members have taken a thirteen (13) weeks course in surgical nursing (a review) at Mary Fletcher Hospital. All the staff, except one, attended a course in "The Principles of Teaching" that was given by one of the teacher-trainers in the Division of Vocational Education (Mr. Higgins).

The faculty have had monthly staff meetings in which they have begun the revision of the philosophy and objectives of the school.

There have been many physical changes at the school. The second floor classroom has been converted to office space. An adjacent room has lockers and coat racks. The hospital auditorium has been converted to a classroom and a room near it will be the student library. The Director now has her own small office for interviews, and space to do her planning.

STATE BOARD OF NURSING RECOMMENDATIONS

1. "Clarify and strengthen its administrative and organization structure."	1. In general, the school has been ruled a State school in a private facility; however, more clarificatio is necessary.
2. "Develop clear and accurate statements of philosophy and objectives."	2. The faculty have nearly completed new philosophy and objectives.
3. "Develop a system of cost accounting which will reflect the cost of operation of the school and give evidence of adequate financial support."	3. Cost Analysis Statement - Sept. 30, 1963 - N.H.-Vt. Hospitalization Service - Hospital Relations Dept.
4. "Utilize practice areas and agencies that are appropriately accredited."	4. All agencies are accredited except Fanny Allen Hospital and a resolution from the Fanny Allen Memorial School for Practical Nursing Board of Trustees to the Board of Trustees of the Fanny Allen Hospital suggesting another application to the accrediting body.

5.	"Fulfill minimum requirements for faculty and personnel."	5.	This fact has been accomplished.
6.	"Provide a more reasonable workload for faculty."	6.	This has been done.
7.	"Improve the physical facilities."	7.	This has been done except the library and this is being done.
8.	"Revise agreements with cooperating agencies."	8.	This has been done to date, but needs more detailed work and legal assistance.
9.	"Develop a plan for periodic, systematic evaluation of the program."	9.	This is being done.

The school has met many of the recommendations made by the State Board of Nursing and the rest should be met in the near future. The school has an eager, dedicated staff and I am sure they will continue to improve the education of practical nurses.

Thompson School for Practical Nursing

This school has been fully accredited by the State Board of Nursing and NAPNES.

Recommendations

A. At each of the faculty meetings, a definite time should be devoted to appraisal of the curriculum.

B. The faculty reconsider its decision of August, 1965, regarding the statement of philosophy and objectives of the Thompson School.

C. On the basis of findings following reappraisal of the philosophy and objectives, the teaching plans should better reflect methods by which these goals will be achieved, in addition to methodology in content presentation.

D. In view of the comprehensive nature of the practical nurse curriculum, continued consideration should be given to increasing the weekly hours of instruction, keeping in mind, of course, that the currently accepted ratio of hours of instruction to clinical practice is one/three.

E. A plan be seriously considered to:

1. Increase accessions to the library in each facility.
2. Develop a system of discarding outdated books in each facility.

F. Further studies be done to include men students in the obstetric rotation.

(4)

G. The Chief-Coordinator remain vigilant in the review of contractual arrangements or agreements to insure mutual understanding, satisfaction and protection of all parties entering into the agreement.

H. The Chief-Coordinator continue to encourage all professional members of the faculty to pursue further educational preparation.

STATE OF VERMONT

STATE DEPARTMENT OF EDUCATION

Montpelier, Vermont

TO: William F. Kearns, Jr., Commissioner
Department of Administration
Dr. Max W. Barrows, Deputy Commissioner
Department of Education
Harold F. Graeme, Director
Vocational Education Division

DATE: February 17, 1966

FROM: (Mrs.) Ruby C. Carr, Supervisor
Health Occupations

SUBJECT: Practical Nursing Program
Fifth Monthly Report

"Ad Hoc" Nursing Advisory Committee January 27, 1966

Discussion included a review of other states providing educational experience for practical nurses. See attached material of agenda and minutes of the meeting. This material is included in order to keep the administration current as to the thinking of the committee.

Administrators Meeting with Department of Administration

The outcome of the meeting seemed to be that the Cooperating Hospitals would assume the cost of the Assistant Instructors for the fiscal year only 1966-67. My thought on this matter is that a definite policy should be established and a meeting held with the Nursing Service Directors and Hospital Administrators to be sure that educational functions and standards are met.

Other Committees Related to the Practical Nursing Program

a) Vermont State Nurses Association is launching a study of the needs and resources of all nurses in Vermont. Hope it will be completed by June 1, 1966.

b) Vermont Board of Nursing has appointed a committee to revise the rules and regulations for both the professional and practical nursing groups.

Continuing Education for Practical Nursing

Plans are being made to set up two more programs in basic nursing within the scope of practical nursing for the waivered licensed practical nurse.

Also, a post graduate course in Geriatric Nursing 1966 in preparation for Medicare is being planned by the Practical Nurse Association and the Division of Vocational Education.

Putnam School for Practical Nursing

A survey visit was made to the Putnam School in order to evaluate the strengths of this program.

Memorandum of Agreements

One interview has been held in the Attorney General's Office in order to see how best to legally draw up agreements between three (3) agencies and define the responsibilities of each. Materials were left with the Attorney General's Office for further study and recommendations.

Federal Vocational Education in Health Occupations

I present the following information relative to health occupations on the Federal level and following that, information on our own State Plan for Vocational Education, which I most definitely feel should be amended in order that health occupations should become a separate and distinct unit unto itself and not come under the Administration of Trade and Industry. Health Occupations is now a permanent part of the Vocational Education Program. The State Plan, I believe, should be amended in order to bring it more in line with the modern concept of health occupations.

Instructors

Mrs. Virginia Douglas has resigned after seven (7) years of faithful service to the program in Brightlook Hospital, St. Johnsbury. Mrs. Viola Blanchard has been recruited to replace her so that there will be no gap in the educational program.

STATE OF VERMONT

STATE DEPARTMENT OF EDUCATION

Montpelier, Vermont

TO: William F. Kearns, Jr., Commissioner
Department of Administration
Dr. Max W. Barrows, Deputy Commissioner
Department of Education
Harold F. Graeme, Director
Vocational Education Division

DATE: April 1, 1966

FROM: (Mrs.) Ruby C. Carr, Supervisor
Health Occupations

SUBJECT: Practical Nursing Program
Sixth Monthly Report

Ad Hoc Nursing Advisory Committee February 24, 1966

See attached minutes of the February meeting. (I would like to comment that Vermont College, Department of Nursing, has typed and mimeographed all of the minutes for the "Ad Hoc" Committee meetings.)

Present Enrollment in Both Schools of Practical Nursing

1. Fanny Allen School	48
2. Manpower Program - DeGoesbriand Hospital	20
3. Thompson School	47
4. Manpower Program - Springfield Hospital	9
TOTAL	124

U. S. Office of Education Regional Conference Boston, Mass.

Highlights include:

1. Survey health occupations being conducted in Connecticut.
2. Nurses Aide Courses being conducted in junior and senior years in vocational schools.
3. Visiting homemaker courses in Massachusetts. Utilization of five agencies for this program.
4. Many general sessions in regard to vocational education. (Materials on file.)

Meeting with Thompson School Hospital Administrators Brattleboro Mutual Aid

Discussion included:

1. Contractual agreements.
2. Educational opportunities for students in cooperating agencies.
3. Medical care for students.
4. Additional instructional costs to cooperating hospitals 1966-67. Further plans to be developed as to the method of payment to the Division of Vocational Education.
5. Continuation of MDTA program at Springfield Hospital discussed and a tentative agreement was made that a fifth MDTA class would be enrolled at Thompson School. Hopefully an "orderly transition" can be made for Springfield to be included in the regular practical nursing program.

(2)

6. A more intensive recruitment program needs to be developed in this area of the state.

This is the first time that this group has ever met together in order to discuss problems of mutual concern and I do believe that it is "a beginning" and should be continued on an annual basis.

A tentative meeting date of April 15 is being considered for the Fanny Allen School, representation from the Board of Trustees and the cooperating agencies. We will discuss, in general, problems of mutual concern.

So that both schools can continue in the same general direction, hopefully, a joint meeting can be held with the people from the northern school and the people from the southern school.

Joint Faculty Meeting

A joint faculty meeting was held on February 28 in the southern school, at which time the philosophy and objectives of the in-service program for staff was discussed and will be continued in June in the northern school.

Personal Services 1966-67

This problem is presently being discussed in the Division and will be discussed with the Budget and Management Division very soon.

STATE OF VERMONT

STATE DEPARTMENT OF EDUCATION

Montpelier, Vermont

TO: William F. Kearns, Jr., Commissioner
Department of Administration
Cola D. Watson, Acting Director
Vocational Education Division

DATE: June 2, 1966

FROM: (Mrs.) Ruby C. Carr, Supervisor
Health Occupations

SUBJECT: Practical Nursing Program
Seventh Monthly Report

My apologies for the lateness of this report but, because of illness, I was unable to send my monthly report to you on time.

Fanny Allen Memorial School for Practical Nursing and Cooperating Agencies

A meeting was held with representation from the school, the Board of Trustees, and the cooperating hospitals on April 15th.

The discussion centered around:

1. Contractual agreements.
2. Costs for the assistant instructors in the cooperating hospitals.

We are presently recruiting for an Assistant Instructor for Mary Fletcher Hospital to assist with the regular program and with our students who are assigned to Obstetrics from Fanny Allen Hospital. Hopefully, we will be able to send more students to the Mary Fletcher Hospital for basic clinical experience. They want them but it will need further clearance by the State Board of Nurses. The State Board of Nurses surveyed the facilities at Mary Fletcher Hospital and found the physical facilities and the clinical facilities were adequate for eight (8) students in the regular basic program but should be "carefully controlled because of the inadequate numbers of obstetric and pediatric experiences."

Average Daily Census

Obstetrics	17.3
Pediatrics	10.7
Medical	85.8
Surgery	129.3
EENT, etc.	8.9

Also, it would seem wise, at least for the next year, to keep the number of students in the vicinity of 8-12. Priority, for clinical experience, needs to be given to students in the Diploma and Nursing Degree program.

3

(2)

Total Personal Services F. Y. 66 & 67

Permanent Full-Time	No. Pos.	Pay Scale	F. Y. 67
P. N. Instructor	2	14	$10,557.00
P. N. Asst. Instructor	5	13	24,509.00
P. N. Clerk-Steno B	2	8	7,780.00
Social Security			1,800.00
Hospital Insurance			365.00
Life Insurance			138.00
		TOTAL	$45,149.00

3/22/66

"Ad Hoc" Committee Meeting Summary to Date

A. Discussion

1. Reviewed programs in two (2) vocational schools:

   Administration
   Enrollment
   Curriculum
   Cost
   Housing for students.

2. Vocational Education - Health Occupations.

3. Review other programs.

4. Report - Advisory Council
   Administration of Vocational Education.

5. ANA Position Paper.

6. Planning for Vocational Education.

B. Decisions

1. Accepted definition of practical nurse as stated in Assigning Responsibilities to Nursing Personnel.

2. Practical Nurse Education at post-high school level.

3. Questionnaire to be sent to practical nurses regarding program.

4. In planning for the future of practical nurse education in Vermont, consideration needs to be given to results of Needs and Resources Survey by VSNA, Inc., position paper of ANA, and any other reports by related organizations.

C. Decisions to be Made

1. Administration and Organizations
   Short-term Goals.
   Long-term Goals.

2. Expansion - another school (?).

3. Recruitment - Men for health careers.

4. Qualifications - faculty.

5. Curriculum - define broad areas.

D. Follow-Up Suggestions

1. Teacher-trainer for nursing and health occupations.

2. Financing cost of assistant instructors.

3. Pre-service programs in vocational schools.

4. Decisions - regarding two (2) classes a year and reasons for it.

5. Use of nursing homes for clinical experience.

6. Ratio faculty/student.

7. State policy manual to carry out the provisions of the State Plan.

Final Meeting "Ad Hoc" Nursing Committee

The final meeting of this committee will be held on June 17, 1966, at which time final recommendations will be made to the Division of Vocational Education.

Contractual Agreements

All contractual agreements have been revised and sent to the cooperating agencies, and they will be included in the final report which should be ready by the end of June.

STATE OF VERMONT
DEPARTMENT OF EDUCATION
VOCATIONAL DIVISION

Ad Hoc Nursing Advisory Committee Meeting

DATE: December 2, 1965

PRESENT: Mabel Hills, Sister Duchesneau, Marion Gorham, Gladys Hinds, Rollande Irvine, Ruth Hulett, Ella Ziter, Margaret Maddocks, Ruby Carr

ABSENT: M. Patricia Chase, Clara Roitero, Jean Milligan, Phyllis Colburn

The first meeting of the Committee was held in the Library on the 4th floor of the State Office Building in Montpelier. Members were introduced and discussion of the role and objectives for the Committee began.

To help determine the Committee's role and objectives Sister Duchesneau asked Mrs. Carr to describe her assignment.

Mrs. Carr stated that her title was Supervisor of Health Occupations but that her primary concern at this time was the practical nursing program. She described her assignment as she saw it:

1. To do something about organization and administration of schools of practical nursing in the state.
2. To look at the financial structure of practical nursing.
3. To look at staffing patterns (instructor to student).
4. Possible expansion of programs.
5. Revision and updating of curricula.
6. Overall program (library facilities, etc.).

Mrs. Hinds commented that up until this time guidance from the state has come from non-nurses and expressed her appreciation of having Mrs. Carr as Supervisor of Health Occupations.

To provide further background for the Committee Mrs. Carr asked Mrs. Hinds if she would describe the program at the Thompson School. This follows in abbreviated form:

Program under Division of Vocational Education.
Instructors are employees of state.
Thompson Trust Mutual Aid provides facilities consisting of school and geriatric hospital.
40-hour week.
16 weeks intensive study.
Students introduced to hospital 3rd week.
2 instructors plus administrator, part-time instructor.
3 cooperating hospitals
    Barre City Hospital) Each has instructor and assistant.
    Brattleboro Hospital)

Springfield Hospital used for Manpower Training Classes.
State policies for instructors.
Advisory Committee
    with Subcommittees including Scholarship.
Cost of program to student $1,008.00 (most of that room and board.)
    This has doubled. Originally less.
    Burden has been removed from hospital and put on students.
    Have had more applicants since tuition was raised.
    Students are still receiving stipends but believe they will be eliminated.
Manpower program.
    Students housed out rather than in.
    Screened by Employment Service.
    School screens students further and maintains its standards.
    Have own instructor.
    Manpower subsidizes students.
    Curriculum same.
Number of students all 5 classes including Manpower = 60.
    1 hospital - 16 students.
    Other - 14 students.
    Manpower - 12 students.

Admits 3 classes per year. This creates problems. Committee questions admission of three classes.

The Fanny Allen program was described by Mrs. Irvine.

Similar to Thompson School.
Fanny Allen is basic school.
Uses DeGoesbriand and Brightlook Hospitals also.
2 pre-clinical instructors at Fanny Allen plus 2 clinical instructors.
Cost estimated about same.
    Board and room greater part of cost.
    Other about $250.00
24 students under Manpower.
44 in home school.
68 total.
Under Manpower pre-clinical and clinical not separated.
Separate in Fanny Allen program.

At this point Mr. Graeme joined the group and expressed his pleasure to the members of the Committee for accepting their assignments. He presented a brief history of Vocational Education in the United States and Vermont including the evolvment of health occupations and described the philosophy of vocational education.

All education in part is vocational education.
General education more vital, however.
Vocational education should take rightful place in total education.
Do not prepare craftsmen.
Nearest is practical nursing.

Vocational education is to prepare boys and girls, men and women to enter and succeed in the labor force.
Vocational education gives foundations but door must be open to further development and possible change of occupation.

Health occupations belong within framework of vocational education.

Mr. Graeme also proposed the idea of practical nursing education in the future centering in schools rather than hospitals. Mrs. Maddocks agreed.

Discussion ensued. In answer to one question Mr. Graeme stated that $23,400 was allotted under the Nurse Training Act for practical nursing in Vermont.

Following Mr. Graeme's visit with the Committee development of objectives was discussed. Suggested was:

1. To look at a variety of programs and see how we compare in Vermont and how other programs function within educational systems.
2. Curriculum study.
3. Financial structure.

In relation to No. 1 it was suggested we develop short-term and long-term goals.

The question arose as to whether we should study philosophy and objectives first. These are evidently not up to date. A related question was -- What does the PN need to know -- What does she do? Mrs. Hinds quoted the N.L.N. definition:

> To care for the chronic mildly ill patient under supervision or work as a team member with RN with acutely ill patients.

Mrs. Carr quoted the definition appearing in a Statement to Assist in Assigning Responsibilities to Nursing Personnel prepared by the Vermont State Board of Nursing, Vermont State Nurses' Assoc., Inc. and Vermont L. P. N. Assoc. This was accepted by the group, at least temporarily.

Sister Duchesneau moved that a study be made of administration and organization of practical nurse programs under general education, including cost and staffing. The Committee decided the first step would be to study other programs and second to get Miss Downey from New York or Miss Boland for D.C. to come up and talk with us.

Another question which arose concerned varying length of programs.

Another question concerned programs within high schools. It was decided we were interested in post-high school programs.

Assignments were made as follows:

Ohio will be studied by Mrs. Hinds, who will also write to Kathleen Downey regarding New York City program.

Michigan will be studied by Marion Gorham.

North Carolina by Sister Duchesneau.

Louisiana by Ruth Hulett.

California by Mabel Hills.

Tallahasee by Ella Ziter.

Other Florida programs by Ruby Carr.

State University of New York by Rollande Irvine.

Mrs. Carr will also write to Emily Creevey (New York Bd. of Nursing).

Members will report back at next meeting scheduled as an all-day meeting beginning at 10:30 a.m. on January 27, alternate date February 3.

Respectfully submitted,

Marion Gorham, Secretary

In addition:

Directors of schools will report on their philosophies, objectives and ? curricula.

STATE OF VERMONT
DEPARTMENT OF EDUCATION
VOCATIONAL DIVISION

Ad Hoc Nursing Advisory Committee Meeting

Date: January 27, 1966

Place: State Office Building Library

Present: J. Milligan, M. Gorham, P. Chase, G. Hinds, E. Ziter, R. Hulett, R. Carr, M. Hills, Sister Duchesneau, R. Irvine, M. Maddocks

Absent: C. Roitero, P. Colburn

The second meeting of the committee was called to order at 10:45 a.m. by Jean Milligan, Chairman. Miss Milligan reported on a meeting of the State Advisory Council for the Administration of Vocational Education of which she is a member. Construction of area vocational centers has been approved and local advisory committees have been established in some areas. (Miss Hulett and Miss Gorham are serving on the Barre Area Advisory Committee.)

Discussion of the present programs for practical nurse education in Vermont followed:

Mrs. Hinds explained the organization and administration of the Thompson School and qualifications for instructors.

A suggestion arising in relation to Mrs. Hinds' report was that other areas of vocational education had teacher trainers but not nursing and that this might be something we could work on. An area evoking concern was that although stipends to students from the hospitals will be eliminated and students will pay for their room and board the hospital will be expected to pay the salary of the assistant instructors.

Before adjourning for lunch future meeting dates were set as follows:
February 24
March 18
April 14
May 20
June 3.

Sister Duchesneau called the afternoon meeting to order at 12:45 p.m. in the absence of Miss Milligan.

Mrs. Irvine reported on the Fanny Allen program. One of her major problems is finding housing for the students. Since the school has no dormitory the students must live in private homes. Only four of a class of twenty-four are from the Burlington area. Perhaps her Housing Committee could do more here.

Another need that Mrs. Irvine expressed was funds for teaching materials.

This committee recognizes the need for assistant instructors but questions the hospitals paying their salaries. The committee feels these positions should be on a ratio basis not closing the door to future needs.

The committee questioned admitting three classes per year and suggested admitting classes every six months rather than every four months. This would allow for:

Vacations
Workshops
Furthering education
Getting "home" instructors into clinical areas
Time for planning
A breather in a very tight schedule.

Anticipatory problems were the limitations of clinical facilities and the necessity to admit enough students to make the programs economically feasible, and as Mrs. Irvine stated: "We must not think along lines that would decrease the number of admissions; we need nurses."

Further use of nursing homes was suggested. However, Mrs. Maddocks stated that the staffing of nursing homes made their suitability for an educational experience questionable, which points up the importance to nursing education of upgrading nursing homes.

Study of admitting two rather than three classes per year was recommended.

Reports from other states followed:

Gladys Hinds reported on one school in Ohio (Dayton School of Practical Nursing). The Advisory Board includes an Executive Committee, Publicity and Recruitment Committee, Ways and Means Committee and Nominating Committee and has bylaws. The faculty organization has a constitution and bylaws, Curriculum Committee, Recruitment and Publicity Committee, Admissions, Achievement and Social Welfare Committee, and Library Committee. In Ohio the PN programs are in the Division of Vocational Education but under the local school boards. The director of this particular school likes this administrative arrangement. The school admits two classes per year. The instructor to student ratio is one to ten. Instructors' qualifications include a B.S. degree and teaching experience. Instructors are paid by vocational education through the school system.

Marion Gorham reported on Michigan which has four B.S., six A.D., twenty-one diploma and twenty-eight PN programs. Two of the PN programs are under University auspices and twelve are within Community Colleges. Patterns of staffing and reimbursement vary but in general (1) the College receives a sum per capita (for each student) from the State of Michigan approximating $250-260, and (2) Title II and III Vocational Education funds for practical nurse education are available. One college program and one university program are MDTA supported. The Michigan Board of Nursing considers necessary for the conduct of a program which would contribute significantly to citizens' needs:

1. At least one class per year.
2. At least 20-25 students per class.
3. Nurse-director and two instructors.
4. Full-time secretary.

A copy of Michigan's minimum criteria was turned over to Mrs. Carr.

Sister Duchesneau reported on North Carolina, whose practical nurse programs are located in community colleges. Most of the material available to her was on curriculum. In reviewing the material she wondered about preparation for teaching in schools of practical nursing since special preparation seems necessary. The problem seems to be not so much what to teach as what not to teach.

According to the California study workshops to prepare teachers are offered.

The question arose as to whether the responsibility in Vermont might be the Division of Vocational Education in conjunction with U.V.M.

Mrs. Chase wondered why we were looking at the states we were and suggested looking into states more like Vermont to see what is being done. The reasons given were the availability of materials, our interest in PN programs in educational institutions, knowing what is going on in, e.g. in Massachusetts, and looking towards the future.

Ruth Hulett reported on the Louisiana study mentioning that it was done in 1950. Miss Hulett wrote to find out if Louisiana had done a more recent study and was informed no further reports had been made. Louisiana's programs are under the Vocational Education Division; there are state and local advisory committees; instructors must have vocational education certificates and fifteen semester hours of vocational education.

Mabel Hills reported that the three reports she had reviewed on California's programs were mostly on curriculum and that the 1959 report was best.

Ella Ziter reported that the Tallahasee study was mainly on curriculum also.

Rollande Irvine reported on the 1961 North Dakota study which was patterned after Arkansas. It was done to find out how to prepare students and included evaluation of programs by graduates and evaluation of graduates by their employers. Some of the areas of felt needs were: More nutrition, more pharmacology, more work with orthopedic patients, oxygen, and household activities. It appeared that the graduates and employers pointed out the same areas of inadequacy.

The above led to the question of a survey of practical nurses in Vermont. Mrs. Irvine agreed to compile the questionnaire and the Division of Vocational Education will send it out.

Mrs. Carr reported that the practical nurse program in Florida is a public school vocational program.

Mrs. Hinds reported that New York has all three types of administration.

Recommendations for action at the next meeting included:

1. Reviewing PN programs in the New England region.
2. Looking at curriculum.
3. Getting Dick Sargent to talk about Vocational Education.
4. Doing something about faculty preparation in state.

Tasks for next meeting were set up as follows:

R. Irvine - questionnaire.
M. Maddocks and E. Ziter - utilization of nursing homes.
M. Gorham - faculty preparation.
G. Hinds and M. Hills - admissions per year.

P. Chase - interpret position paper.
R. Hulett - report on Barre area vocational program.

The next meeting will be February 24.

Respectfully submitted

M. Gorham, Secretary

STATE OF VERMONT
DEPARTMENT OF EDUCATION
VOCATIONAL DIVISION

Ad Hoc Nursing Advisory Committee Meeting

DATE: February 24, 1966

PLACE: State Office Building Library

PRESENT: J. Milligan, M. Gorham, P. Chase, G. Hinds, E. Ziter, R. Hulett, R. Carr, M. Hills, R. Irvine, M. Maddocks, C. Roitero

ABSENT: Sister Duchesneau, P. Colburn

TOPIC	DISCUSSION AND/OR DECISION
Minutes January 27 meeting	Accepted.
Practical Nursing Programs in New England - R. Carr	Rhode Island - Letter from Supervisor of Practical Nurse Education read. Rhode Island in process of curriculum revision. Rhode Island School of Practical Nursing is sponsored by Dept. of Education, Division of Vocational Education. Supervisor is directly responsible to Assoc. Commissioner of Vocational-Technical Education. Two branches: one in Providence and one in Warwich. Each branch admits classes in Feb. and Sept. One-year program. Students spend 17 weeks in basic program. Areas of content were given with hours in each. Hours of clinical experience also stated. The Providence Branch admits 45-50 students per class, has an Asst. Supervisor who teaches one course; 3 nursing instructors, and one Nutrition and Diet Therapy Instructor, who teaches in both branches. Warwich Branch has 2 nursing instructors and admits 20-24 students per class. Report included hospital used. There are contractual agreements with agencies. Budget mentioned. Students do not receive stipends. Cost to them is $200. Little done in way of recruitment and school is experiencing a decrease in no. of qualified applicants. Maine - no report available at this time. Connecticut - Booklet received. A policy manual. Includes history, philosophy, administration, etc. The programs are in technical schools. N. H. - Structural plan displayed. Other materials available. NLN Guidelines used. N.H. has both public and private schools of practical nursing.
ANA Position Paper on Nursing Education - P. Chase	Mrs. Chases's report was based on a letter from the Exec. Director of the ANA to the President of the National Federation of Licensed Practical Nurses.

(2)

At present, there are eight different types of agencies which are administratively responsible for practical nurse education. Of the 913 schools listed in the N.L.N. brochure, "State Approved Schools of Professional and Vocational Nursing, 1964," 128 are within junior or senior colleges; 599 are under trade, technical or vocational education auspices; 227 conducted by hospitals and the other by secondary educational institutions or independent agencies. About 30 programs are funded by Manpower Development and Training Act.

The length of the program is twelve months in most schools. However, approximately 80 schools offer a longer program, from 13 to 36 months (with 15 months the length in 35 schools) and 40 schools offer a program of 9 to 11 months in duration.

Educational requirement prior to entering practical nurse school differs. 219 schools require 12th grade education, 86 schools vary the requirements according to the students' age; 414 schools require a 10th grade education.

While the responsibilities practical nurses are expected to carry upon employment vary, it is known that the demands made on PN's far exceed their preparation. For example, a practical nurse is often assigned to be in charge of an entire hospital ward with patients requiring a very complex and varied type of nursing care.

In a recent article, "Licensed Practical Nurse: The Gentle People," by Helen Powers, in the October 1965 issue of American Education, it is stated that, "Every practical nursing program in the United States gives instruction in at least four basic nursing fields: medical nursing, surgical nursing, nursing of children, and care of mothers and their newborn infants. A current trend of schools is to add a fifth area: the care of mental patients." It goes on further to state, "...More training will be needed in the field of geriatrics as a result of the new legislation providing medical and nursing care for the aged under Social Security..."

For a long time practical nurse educators have tried to include more and more nursing procedures into the already crowded curriculum. Practical nurses themselves have requested post-graduate courses, longer courses of study, more background in the sciences to better meet the needs of patients they serve. Indeed practical nurses are to be commended for the ways they have tried to cope with these responsibilities in spite of the obvious need for more and different kind of education.

The A.N.A.'s Position Paper recognizes the realities of today - that nursing care is needed in increasing quantity and quality in a variety of settings to meet the needs of society. It,therefore, proposes the upgrading of all education programs, systematically working towards a two-year program in the junior or community college to replace the present practical nurse program. It points the way for a new educational approach to prepare nurse practitioners in the future. It does not negate the need for continued in-service education programs to bring nursing personnel up to date and to sharpen competencies. Although changes will occur in the program preparing nurses in the future, those who are now licensed to practice will continue to do so.

Considerable discussion of position paper and its implications ensued. The need for an orderly transition was emphasized. The committee is not ready to make a statement re: long-term goals. There are implications for the Nursing Needs and Resources Study Committee. Further study is needed of the future of practical nursing education in Vermont in light of what is happening in nursing education today, such as the A.N.A. Position Paper and the Study of Nursing Needs and Resources in Vermont, relating these to all other papers and related materials, which will be forthcoming.

Report on Area Vocational Centers - Mr. Richard Sargent

Programs to be developed at secondary level first. Post-secondary education to follow. Content not determined. State has been divided into 12 centers. Two centers expected to be ready in September 1967. Relation to health occupations: sever connections with cooperation agencies such as Mutual Aid and put under public school control. Need for third school considered. Local communities will do planning. State will fund 100% of construction and equipment. Practical nurse programs additional.

Pre-service for health occupations a possibility. Will share cost of instruction over a period of time. No plans towards community colleges at this time.

Admissions per year - Mrs. Hinds - Miss Hills

At the last meeting the committee recommended consideration of admission of 2 rather than 3 classes per year.

Mrs. Hinds proposed admissions in February and August. There would be no classes in June and July or December and January which would allow instructors to get in to clinical areas and to take refresher courses. The problem would be that 4 months out of the year one clinical area would not be receiving service.

Miss Hills proposed 6 months blocks with 23 weeks pre-clinical and 25 weeks clinical. Another area would be needed for pre-clinical. Two weeks vacation would be allowed. The problem presented by admitting 3 classes includes work loads, scholarship, and state board examinations.

Other clinical facilities -
E. Ziter - M. Maddocks

Mrs. Ziter reported on 2 nursing homes she surveyed in the St. Johnsbury area and their staffing patterns.

Mrs. Maddocks advises not using nursing homes at this time because of the quality of their staffing.

Miss Hills suggested using them at the end of the program rather than the beginning.

Mrs. Maddocks mentioned the insurance risk and cost accounting.

No one has come up with a valid cost of running a nursing home so that when Medicare comes in and looks at the books, students would throw off the cost. She feels we can look in the future to better nursing homes when cost accounting is settled and the quality of nursing care under Medicare will be improved.

The meeting was adjourned at 3:15 p.m. Next meeting will be March 18. Items on agenda not discussed today will be taken up at that time.

Respectfully submitted,

Marion Gorham, Secretary

STATE OF VERMONT
DEPARTMENT OF EDUCATION
VOCATIONAL DIVISION

Ad Hoc Nursing Advisory Committee Meeting

DATE: March 18, 1966

PLACE: State Office Building Library

PRESENT: R. Carr, R. Hulett, G. Hinds, C. Roitero, M. Hills, M. Gorham, J. Milligan, R. Irvine, M. Maddocks

ABSENT: P. Chase, E. Ziter, Sister Duchesneau, P. Colburn

Meeting called to order at 10:30 a.m. by Jean Milligan, Chairman.

TOPIC	DISCUSSION AND/OR DECISION
Only three more meetings April 14 May 20 June 3	R. Carr reminded group. Attendance and action recommendations important.
Minutes of last meeting 2/24/66	Page 2 - "40 schools offer a program of 9 to 11 months duration" questioned by Mrs. Hinds. Taken from letter from Executive Director ANA to President NFLPN. Minutes accepted.
Faculty Preparation - M. Gorham	Need for preparation obvious. Questions rather than answers presented. What educational preparation is available? Whose responsibility? To Mrs. Hind's knowledge no colleges offer preparation for teaching in practical nurse programs. Mrs. Carr made reference to State Plan and qualifications for teachers in Health Occupations and asked for help of group in determining if plan realistic. Mrs. Hinds stated that present courses are taught by Trade & Industry people and are not related to practical nursing. However, Mrs. Carr stated that contractual arrangements can be made for special programs. Miss Milligan reported that at ANA Conference on Practical Nurse Education intensive short term workshops from 4 to 8 weeks were recommended.

Mable Hills stated that California Project gave details on this type of workshop.

Florida has also done this in a 3-week summer course with a Federal Traineeship Grant.

Implementation State Plan

In order to implement the State Plan the following recommendations were made:

(1) That the position of Supervisor of Health Occupations become a permanent position.
  (a) Moved by M. Gorham
  (b) Seconded by G. Hinds
  (c) Carried.

(2) That there be a teacher trainer in the Health Occupations to carry out recommendations as stated in the State Plan; at this time to work with the instructors in practical nursing.
  (a) Moved by M. Hills
  (b) Seconded by R. Hulett
  (c) Carried

(3) The Consultant in Health Occupations be on the same level as other supervisors in the organizational structure and be called Supervisor.
  (a) Moved by G. Hinds
  (b) Seconded by R. Hulett
  (c) Carried.

ANA Conference on Practical Nurse Education

Miss Milligan reported on Conference as follows:

Characteristics of curriculum generally accepted and approved for preparation of the PN:

(L) Faculty should develop own individual philosophy, statements and objectives for their programs in keeping with the accepted roles of LPN's.
(2) Learning experiences for students should focus on direct care of patients and be more carefully selected. Accent on assisting role of nurse in common setting - not on procedures or diseases. Experience in OR only observational.
(3) Content less fragmented. Centered on nursing with background of related theory as necessary.
(4) Content expanded in scope - more consistent in depth.

(5) Students in clinical setting early in program after 2-3 weeks. Use of wide variety of resources. Care of patient in all age groups with common types of illnesses.

(6) Patient contact hours decreasing. Students assigned care of fewer patients. Longer time with each.

(7) More use of conference method of teaching.

(8) Stipends disappearing. Programs centered on education - less service centered.

(9) More use of self-learning devices for student. Problem solving approach. Self direction. Self evaluation.

(10) Trend to identifying and sharing common features of nursing care with reference to individual differences related to health, duration of illness, medical care plan, and uniqueness of person.

Mrs. Hinds added that another trend is the sequence from the well to mildly ill to the critically ill.

Report on Questionnaire to Alumni -- R. Irvine

Mrs. Irvine has written a questionnaire to be submitted to Fanny Allen Alumni. Mrs. Hinds will send same questionnaire to Thompson Alumni. The matter of sending questionnaires to employers was discussed. R. Hulett interested in finding out how many hospitals in state allow LPN's to give medications. G. Hinds interested in finding out if not, is it because functional method of assignment used. Also, is added preparation given by hospital to LPN's in administration of medications: I.M.'s, P.O., etc.? Matter of referring above questions to Nursing Needs and Resources Committee of VSNA, Inc. arose, and finding out generally what LPN's are doing or expected to do. Mrs. Irvine felt schools might be teaching some things they no longer need to teach. On the other hand, hospitals are apt to expect more of the LPN than they should.

Mrs. Irvine's questionnaire might serve as a pilot study preceding a more extensive study.

Miscellaneous

Last meeting in June will be a clearing house for action recommendations to be referred to Administration Department. Questionnaire to be sent to members of Committee before April 14 meeting so we can come prepared for action.

Recessed 11:45 a.m. for lunch. Reconvened at 12:30 p.m.

Rotation Plan for Maine Schools

Reviewed. Admit 2 classes per year. Two facilities used.

A recommendation made that Vermont schools admit only two classes per year and that schools make their own rotation plans. This would allow classroom instructors to get into the clinical area and also to attend work conferences and obtain further educational preparation. Action on recommendation was delayed. Main concern seems to be service to clinical facilities.

Curriculum

Evening and night experience discussed. According to Mrs. Hinds 2 weeks of evenings and/or nights are required for accreditation, whichever provides the best supervision. Objective for experience was questioned. Picture of hospital and needs during these hours was given as answer. Question asked was is this amount of time necessary to meet this objective. Answer given was "yes" because of lack of supervision. For further discussion of curriculum Miss Milligan suggested we review Chapters 7 & 8 of Guide for Developing Curricula for the Education of Practical Nurses before next meeting. Reference was again made to the ANA Conference on Practical Nurse Education and the trends in curriculum. Development of a Curriculum Guide was mentioned. It was suggested that such a task might be referred to the Supervisor of Health Occupations.

State Plan

Photocopies passed out and reviewed. Corrections proposed as follows:

1.53-4 omit "in preparatory training."
(a)
(1) Omit "in a general hospital."

(2) Change to "Experience in" teaching instead of "training for."

Omit "college training in education" and substitute "the above."
Omit "during the first year of employment as a teacher of nursing practice and theory, not less than 100 clock hours of."
Substitute "its equivalent through." Add "or approved" after word "conducted."

(3) Change training for "Coordination"to "Experience in." Change "three" to "two." Insert "or practical" between words "professional" and "nursing."
Change "of" to "or" in line 5. Omit "Similar experiences in a school for practical n nursing would be most desirable." Reword last sentence same as rewording of (a)(2).

(b) Change to "Qualifications of teachers of nursing theory and practice who have no coordinating responsibilities."
(1) Omit "in a general hospital." Change 10 to 5.
(2) Change to " Experience in teaching." Change last sentence to "If the candidates have not had the above they shall acquire the equivalent through in-service teacher training as conducted or approved by the state supervisory staff personnel.

(c) Change word "subjects" to "courses."
(1) Change "subjects" to "courses" in introductory phrase.
Change sentence to read: "Teachers of courses, supplemented but inherent in nursing practice, must be qualified in the area taught." End sentence there. Omit rest of sentence.
(2) Change introduction to "Experience" in teaching. Change sentence to read: Teachers employed to teach this type of courses should have the same qualifications as other teachers." Omit last sentence.

(d) Change word "classes" to "courses."
(1) Place "in a general hospital" in parentheses.
(2) Change introduction to "Experience" in teaching. Omit "to instructors of nursing classes conducted."
After word "personnel" add "when necessary."

(e) Tabled until next meeting.

Members to review State Plan for next meeting.

Respectfully submitted,

Marion Gorham, Secretary

STATE OF VERMONT
DEPARTMENT OF EDUCATION
VOCATIONAL DIVISION

Ad Hoc Nursing Advisory Committee Meeting

DATE: April 14, 1966

PLACE: State Office Building Library

PRESENT: R. Carr, G. Hinds, M. Hills, R. Hulett, R. Irvine, M. Maddocks, J. Milligan

ABSENT: P. Chase, P. Colburn, Sister Duchesneau, M. Gorham, C. Roitero, E. Ziter

Meeting called to order at 10:30 a.m. by Jean Milligan, Chairman.

TOPIC	DISCUSSION AND/OR DECISION
Minutes 2/24/66 meeting.	Mrs. Hinds questioned accuracy of A.N.A. statement as quoted on page 2. This will be checked in V.S.N.A. office.
Minutes 3/18/66 meeting.	Accepted.
State Plan.	Requirement of Vermont licensure for teachers will be added to State Plan. (a) Moved by M. Hills. (b) Seconded by G. Hinds. (c) Carried.
Questionnaire to Alumnae.	Mrs. Irvine distributed copies of the questionnaire. The following changes were recommended: (a) Covering letter -- (1) Par. 2 after "nurse," add "Have been selected and." (2) Eliminate "as soon as possible" and insert "May 23." (3) Eliminate sentence "Any question you may have concerning this survey may be directed to this office." (b) Page 1 (1) Delete name. (2) Add: Date of Graduation, Age, Male or Female. (3) Delete name of employer. Add state or country of employment__________________. (4) Purpose: Delete #1 and add "This is a list of procedures commonly done in hospitals. Check the ones you have been asked to perform and how often." (c) Page 2: Delete "on the back of the page;" add "at the end."

(2)

(d) Pages 3 & 4: Listing of procedures --
  (1) #41 delete "or hot packs."
  (2) #43 remove "vascular packs;" add "hot packs."
  (3) #44 delete.
  (4) #75 delete.

(e) Page 6:
  (1) Omit list of employers.
  (2) Add "Since graduation I have been active in nursing _____ years."
  (3) Change "Vermont State" to "National Federation for."
  (4) Add "Where are you currently licensed?"

(f) Name and address to be on separate sheet. Code number to identify respondent and school to be placed on bottom back of each page.
  (1) Code A - Thompson School.
  (2) Code B - Fanny Allen School.

Sampling to include all graduates of both schools since 1958. Questionnaire to be out by May 2.

Purpose: To determine how effectively students are prepared. It will be utilized in curriculum study.

Tabulation will be done by R. Carr, G. Hinds and R. Irvine.

Mrs. Carr will try to make arrangements for funds to cover first-class postage.

Copies of questionnaire will be sent with committee minutes to members not present.

Recessed 12 Noon for lunch. Reconvened at 12:40 p.m.

Curriculum.

Mrs. Hinds reported good results on state board examinations. Curriculum is according to state and national accreditation. Directors of both schools agreed programs are similar. One year provides good basic course. Opportunities are available for graduate study in specialty programs.

Basic pre-clinical program (4 months) includes Nursing Arts, Anatomy, Personal & Community Health, Sociology, Vocational & Personal Relations, Basic Nutrition, Growth & Development. The child is considered as part of the family. Attempts are made to correlate all courses. During this period, patient care experiences are provided in area of home school.

Basic nutrition has been cut to 24 hours. Experiences in cooking and housekeeping have been eliminated.

Isolation techniques are taught.

30 hours are devoted to teaching about administration of medications. This included 20 hours of theory and 10 hours of actual practice in nursing arts laboratory. Each student has one week of carefully supervised experience, in the hospital, in administering medications by the functional method and two weeks of special study with experience in providing total patient care including administration of medications.

There is a minimum of 4½ hours of formal class per week throughout the entire program.

Clinical experiences are provided in medical, surgical, pediatric and obstetrical nursing. This includes observation in operating and delivery rooms. Experience is also provided in such speciality areas as central sterile supply, emergency room and recovery room.

Night and evening experience depend on clinical facilities and amount of supervision available.

Instructor always orients students to new areas. Head nurses do much of the ongoing supervision.

Clinical facilities.

Thompson school has adequate clinical facilities at this time and expects more in the Barre-Montpelier area.

Fanny Allen School has problem at this time relative to all clinical areas. A letter from Sister Annunciata regarding plans for expansion was read by Mrs. Carr. Maternity and pediatrics present the greatest problems.

(a) St. Johnsbury has limited facilities in pediatrics and obstetrics.
(b) Limited pediatric facilities at DeGoesbriand Memorial Hospital are now utilized by Jeanne Mance students.
(c) Mary Fletcher is limited because of use of facilities in all areas by University of Vermont and Mary Fletcher in all except pediatrics.

Curriculum study.

Mrs. Carr raised the question: "If so little experience is available in the areas of pediatrics and obstetrics, are we really meeting the needs of society?" Should more concentration be given in the areas of geriatrics, rehabilitation, long-term illnesses and basic mental hygiene? How much communicable disease and what types are prevalent in Vermont?

(4)

Miss Milligan recommended more flexibility to utilize learning experiences as they occur.

There is much need to plan cooperatively with other programs in order to utilize clinical facilities at different times.

Need to look at the experiences that are available and most vital in the 4 basic areas (medical, surgical, obstetric and pediatric).

The question was raised of utilizing facilities at other times. Miss Milligan expressed the philosophy that instructors should be available when students are assigned for learning experiences and that we should work toward addquate supervision by instructors. Mrs. Carr will investigate employment conditions for state employees relative to evenings and weekends.

Additional facilities were suggested to explore in relation to objectives of the program:

(a) Nursing homes could be utilized if approved by State Board. Mrs. Maddocks said that at the present time they should be limited to non-profit institutions. Ones suggested were: Municipal Nursing Home in Burlington, Thompson House, Vermont Green, Eastern Star Home in Randolph.

Mrs. Irvine will investigate current use of the Municipal Nursing Home in Burlington.

(b) Nursery schools.
(c) Child health conferences and clinics.
(d) School nurses.
(e) Special education schools such as Brandon, Hicks at Brattleboro for Mentally Retarded, Austine for Deaf, Caverly Child Health Center in Pittsford.
(f) Vocational rehabilitation at D.G.M.H.

It was suggested that some of these might be utilized as observational trips for part of the pediatric experience. Further exploration should be continued in this area with the realization that transportation could increase the cost of the educational program.

Curriculum to be discussed again after results of survey available.

Miss Milligan pointed out that the problem of limited clinical facilities is a definite factor in considering further expansion of LPN programs.

Long-Term Goals.

Miss Milligan recommended that with limited facilities it would appear desirable to consider decreasing the required time in maternity.

Miss Milligan raised the question of the 40-hour week. Consideration should be continued regarding allowing study time in line with current trends in vocational education.

The committee agreed that:

(a) Instructor-student ratio in the clinical area should be one/eight.

(b) An ongoing smaller advisory committee should periodically review the curriculum. This committee which will have many implications for the curriculum.

(c) A policy manual should be developed to implement the State Plan.

(d) There is need for coordinated planning relative to long-term nursing education within the state.

(e) Should work toward two classes per year.

(f) Objectives of various areas must be identified including acquaintance within specialty areas where graduates may work.

The State Board shall be charged with surveying any new facility to be utilized for student learning.
(a) Moved by M. Maddocks.
(b) Seconded by R. Carr.
(c) Carried.

Next meeting

Friday, May 20

10:00 a.m.

Department of Education Library

The following topics will be discussed:
(a) Possible expansion--Question of school, center of state.
(b) Recruitment.
(c) Qualifications of faculty.
(d) Financing cost of assistant instructor.
(e) Workshop and Instructor courses.

Respectfully submitted,

Mabel Hills, Secretary Pro-Tem

AD HOC ADVISORY COMMITTEE
Division of Vocational Education

SUMMARY TO DATE

April 14, 1966

A. Discussion

1. Reviewed programs in two (2) vocational schools --
   - Administration
   - Enrollment
   - Curriculum
   - Cost
   - Housing for Students.
2. Vocational Education --
   - Health Occupations.
3. Review other programs
   - (See minutes)
4. Report -- Advisory Council
   Administration of Vocational Education.
5. ANA Position Paper
6. Planning for Vocational Education Area Centers

B. Decisions

1. Accepted definition of practical nurse as stated in "Assigning Responsibilities to Nursing Personnel."
2. Practical nurse education at post-high school level.
3. Questionnaire to be sent to practical nurses regarding program.
4. In planning for the future of practical nurse education in Vermont, consideration needs to be given to results of needs and resources survey by V.S.N.A., Inc., Position Paper of A.N.A., and any other reports by related organizations.

C. Decisions to be Made

1. Administration and Organizations --
   - Short-term Goals
   - Long-term Goals.
2. Expansion -- Another school (?)
3. Recruitment -- Men for health careers.
4. Qualifications -- Faculty.
5. Curriculum -- Define broad areas.

(2)

D. Follow-Up Suggestions

1. Teacher-trainer for nursing and health occupations.
2. Financing cost of assistant instructors.
3. Pre-service programs in vocational schools.
4. Decisions - regarding two (2) classes a year and reasons for it.
5. Use of nursing homes for clinical experience.
6. Ratio faculty/student.
7. State policy manual to carry out the provisions of the State Plan.

STATE OF VERMONT
DEPARTMENT OF EDUCATION
VOCATIONAL DIVISION

Ad Hoc Nursing Advisory Committee Meeting

DATE: May 20, 1966

Present: M. Maddocks, C. Roitero, R. Carr, J. Milligan, Sister Duchesneau, G. Hinds, M. Gorham, R. Irvine
Absent: M. Hills, R. Hulett, P. Chase, P. Colburn, E. Ziter

Meeting called to order at 10:30 a.m. by Jean Milligan, Chairman.

Correction of minutes of last meeting:

Page 3, 4th paragraph should read: "There is a minimum of 4½ hours of formal class per week during the clinical practice period." rather than "throughout the entire program."

Last page, 4th paragraph (b) should read: "There should be a smaller Advisory Committee, one of whose functions should be review of curriculum periodically."

Re: reference to schools 9-11 months in length which was questioned, figures quoted were from 1964 NLN brochure.

Related letters from M. Patricia Chase and E. Smith read.

Minutes approved as corrected.

Questionnaires have been sent out by G. Hinds and R. Irvine:
1) To every 3rd student (alphabetically) by G. Hinds.
2) 128 replies have been received to date by R. Irvine.
3) May 28 return date.
4) Compilation will be by G. Hinds, R. Irvine, R. Carr.

Correspondence (for information)

Re: Conditions of participation for extended care facilities in the Social Security Program of Health Insurance for the Aged -
Communication from Helen V. Connors, Director Legislative Program, ANA dated March 28, 1966 read. Impracticality under present circumstances discussed.

Communication

Re: Regional Planning for Nursing Education from AHA read and discussed. (Referred to Mrs. Carr by Mr. Taplin, VHA.)

Recommended that copies of this correspondence be sent to VSNA and Board of Nursing.

New Business

1) Recruitment:
    a. Can present programs accept more applicants at this time?

b. March recruitment sometimes a problem at Fanny Allen.
c. Awareness of ANA Position Paper confuses recruitment.
d. Involvement H. O'Donnell and guidance people suggested.
e. Activity (or inactivity) of Committee on Careers mentioned.
f. Minority groups.
g. Write to Committee on Careers expressing concern and ask what they are doing.
h. Refer Recruitment to smaller ongoing advisory committee.
i. Recruit from unprepared nursing home people. MDTA program would be ideal for them. Approach NHA about scholarships. C. Roitero will contact Mr. Bennet.

Next Meeting

June 17, 1966 at 10:30 a.m. at Montpelier Tavern Motor Inn. R. Carr will make arrangements.

1:00 p.m. Meeting reconvened.

Feasibility of establishing another school of practical nursing in the state.

Data of nursing needs and resources study should provide some basis for determining this feasibility.

Committee favored expansion of existing schools at the present time -- this is a short term solution.

Area of vocational technical centers as they are developed should be explored.

Qualifications of Faculty - circulated for committee review. These qualifications will be cleared with Personnel.

Miss Gorham will review materials for faculty preparation in Practical Nurse schools at the next meeting.

Employment conditions for instructors were reviewed by Mrs. Carr. There are no stipulations against weekend employment. Therefore there could be a more flexible schedule of clinical experience.

The Committee recommends that the state should assume responsibility for employment and salary of assistant instructors beginning fiscal year 1967-68.

The Committee did not favor implementation of pre-service courses in high school prior to entering a practical nurse program.

The meeting adjourned at 3:00 p.m.

Respectfully submitted,

Marion Gorham, Secretary

STATE OF VERMONT
DEPARTMENT OF EDUCATION
VOCATIONAL DIVISION

AD HOC NURSING ADVISORY COMMITTEE

Summary of decisions, recommendations and areas of general agreement (December 1965 - May 1966)

1. General

   a. Accepted definition of practical nurse as stated in Assigning Responsibilities to Nursing Personnel (Vermont State Board of Nursing, Vermont State Nurses Association, Inc. and Vermont Licensed Practical Nurse Association 1965).

   b. Agreed that practical nurse education should be at the post-high school level.

   c. Recognized that in planning for the future of practical nurse education in Vermont consideration needs to be given to the development of vocational centers in the state and to the report of the Survey on Needs and Resources in Vermont, the A.N.A. Position Paper on nursing education and other reports from related organizations. The need for coordinated planning for all nursing education on a state-wide basis was emphasized.

   *d. Agreed that at this time expansion in practical nurse education should take the form of increased enrollment at the present schools rather than the establishment of a new school.

   *e. Recognized that there was need for more activity in student recruitment since mid-winter classes were more difficult to fill with qualified candidates. Recruitment activities - orientation of high school counselors, more effort to recruit men and older women. Activity of Committee on Careers to be clarified.

2. Administration and Organization

   a. Recommended that the position of Supervisor of Health Occupations become a permanent one in the Department of Vocational Education and that it be on the same administrative level as other supervisors in the department.

   b. Recommended that an advisory committee to the Supervisor of Health Occupations be established (smaller in size than the Ad Hoc Committee).

   c. Recommended that there be a teacher-trainer in the Health Occupations to carry out recommendations as indicated in the State Plan - primarily to work with instructors in practical nursing at the time.

   d. Agreed that a policy manual should be developed to implement the State Plan.

   e. Reviewed and accepted the present qualifications for faculty with minor changes.

*f. Recommended that after the next fiscal year the Department of Vocational Education should assume payment of salaries of assistant instructors rather than expect the participating hospitals to do so.

3. Curriculum

a. A general discussion in the area of curriculum emphasized these points:

The directors believed the present one-year program provided a good basic course;

That areas of experience needed to be reviewed in light of present-day use of the practical nurse and objectives for the various areas needed to be identified;

That flexibility in planning should be permitted;

That the continued use of a 40-hour week for the student needed to be further considered.

b. Although curriculum is to discussed again at June meeting when questionnaire results should be available, it was agreed that:

1) The instructor/student ratio in the clinical area should be 1/8;

2) The schools should work toward admitting two classes per year;

3) There were many clinical facilities available for observational experiences and some, not presently used, that might provide patient care experience such as non-profit nursing homes.

Curriculum to be discussed again at June meeting.

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* Decisions made at May meeting; recorded from memory and should be checked with minutes when available.

STATE OF VERMONT
DEPARTMENT OF EDUCATION
VOCATIONAL DIVISION

Ad Hoc Nursing Advisory Committee Meeting

PLACE: Montpelier Tavern Motor Inn DATE: June 17, 1966

Present: R. Carr, J. Milligan, M. Gorham, Sister Duchesneau, R. Hulett, C. Roitero, G. Hinds, R. Irvine, P. Chase, M. Maddocks, M. Hills

Absent: P. Colburn, E. Ziter

The meeting was called to order at 10:45 a.m. by J. Milligan, Chairman.

The minutes of the last meeting were reviewed. Date of meeting was May 20, 1966. R. Hulett and M. Hills were present for p.m. session. Minutes approved with these corrections.

Make up of smaller on-going Advisory Committee was discussed. Representatives from both nursing education and nursing service were recommended. Composition of Committee to be left up to Supervisor of Health Occupations. Areas of consideration to include recruitment, curriculum and such other areas as might seem advisable.

M. Gorham reported in detail on California study and workshop as a possible means of providing continuing education for instructors of practical nursing and proposed consideration of a similar workshop for Vermont. M. Maddocks suggested that it be a regional program and seconded the motion, which was carried.

G. Hinds attested to the value of workshops of this kind.

J. Milligan suggested that in length of time a plan similar to the NECHEN Head Nurse-Supervisor Conferences with 3 days in the fall and 2 in the spring or vice-versa might be considered.

R. Carr read a letter from Ellen Scott in reply to her letter inquiring about the activity of the Committee on Careers and recruitment for practical nursing programs. Sister Duchesneau suggested a Careers Night similar to the type she has attended in New York State. It was proposed that the Vermont Headmasters Association and the Vermont Guidance Director be contacted for sponsorship of such a night and that it be a regional affair. Considerable discussion of recruitment and concern about the inactivity of the Committee on Careers took place. Mrs. P. Chase will refer our concern to the VSNA, Inc., Board with the suggestion that the Chairman of the Committee on Careers sit in on Board meetings as a non-voting member.

The summary of decisions, recommendations and areas of general agreement prepared from past minutes by Jean Milligan was reviewed and discussed. It was felt that 1a should be corrected to read as stated in the law. The reasoning behind 1b was not only the law but also the factor of maturity. It was felt we should be more specific about "other reports" in 1c. Mrs. Chase will send Mrs. Carr the ANA report and Mrs. Roitero will send her the NAPNE and NFLPN reports. Some of the reasons for 1d were given as lack of facilities and faculty and waiting for results of the Nursing Needs and Resources Study. Regarding 1e Miss Milligan suggested "untrained" nursing home personnel might be recruited.

2c should read "at this time" rather than "at the time."

Under 3a the meaning of 40 hour week was questioned and explained. It does not mean 40 hours "on duty."

Mrs. Irvine expressed concern about the proliferation of "assistants" and expressed her concern about the worker with less preparation than the practical nurse at the bedside.

Concern was also expressed about the overtaxing of clinical facilities by the various types of nursing education programs and joint planning for use of clinical facilities was recommended.

Mrs. Carr reported on the results of the questionnaire sent to Thompson School graduates and Mrs. Irvine reported on the questionnaire to Fanny Allen graduates. Concern with what was expected of practical nurses by nursing service as demonstrated by what they were doing and what they were prepared to do was discussed at length. This discussion concluded the work of this Advisory Committee. The Committee has been an active one. Much has been accomplished but much remains unresolved.

Respectfully submitted,

Marion Gorham, Secretary